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DYKEMA GOSSETT•A PROFESSIONAL LIMITED LIABILITY COMPANY•39577 WOODWARD AVENUE, SUITE 300•BLOOMFIELD HILLS, MICHIGAN 48304

STATE OF MICHIGAN
IN THE SUPREME COURT

PORTIA WILLIAMSON, and LATESHA WILLIAMSON, as Personal Representatives for the Estate of CHARLES WILLIAMSON (deceased),

Plaintiffs-Appellees,

vs.

AAA-MICHIGAN,

Defendant-Appellant.
_____/

Supreme Court No. 165131

Court of Appeals No: 357070

Wayne County Circuit No. 19-014047-NF

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APPENDIX

FOR

DEFENDANT-APPELLANT'S SUPPLEMENTAL BRIEF IN SUPPORT OF ITS APPLICATION FOR LEAVE TO APPEAL

ORAL ARGUMENT REQUESTED

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APPENDIX A

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Order

Michigan Supreme Court
Lansing, Michigan

June 2, 2023

Elizabeth T. Clement
Chief Justice

Brian K. Zahra
David F. Viviano
Richard H. Bernstein
Megan K. Cavanagh
Elizabeth M. Welch
Kyra H. Bolden
Justices

165131

PORSHA WILLIAMSON and LATESHEA WILLIAMSON, as Co-Personal Representatives of the ESTATE OF CHARLES WILLIAMSON,
Plaintiffs-Appellees,

v

SC: 165131
COA: 357070
Wayne CC: 19-014047-NF

AAA OF MICHIGAN,
Defendant-Appellant.

_____/

On order of the Court, the application for leave to appeal the September 22, 2022 judgment of the Court of Appeals is considered. We direct the Clerk to schedule oral argument on the application. MCR 7.305(H)(1). The parties shall file supplemental briefs in accordance with MCR 7.312(E), addressing whether MCL 500.3173a(4), the statutory provision governing fraudulent insurance acts in the filing of a claim for no-fault benefits, applies to misrepresentations offered during discovery. See generally *Griffin v Trumbull Ins Co*, 509 Mich 484 (2022); *Haydaw v Farm Bureau Ins Co*, 332 Mich App 719 (2020); *Book-Gilbert v Greenleaf*, 302 Mich App 538 (2013).

The Coalition Protecting Auto No-Fault, the Insurance Alliance of Michigan, and Michigan Defense Trial Counsel, Inc. are invited to file briefs amicus curiae. Other persons or groups interested in the determination of the issue presented in this case may move the Court for permission to file briefs amicus curiae.

I, Larry S. Royster, Clerk of the Michigan Supreme Court, certify that the foregoing is a true and complete copy of the order entered at the direction of the Court.

June 2, 2023

Clerk

t0530

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APPENDIX B

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If this opinion indicates that it is "FOR PUBLICATION," it is subject to revision until final publication in the Michigan Appeals Reports.

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STATE OF MICHIGAN

COURT OF APPEALS

PORSHA WILLIAMSON and LATESHEA WILLIAMSON, Copersonal Representatives of the ESTATE OF CHARLES WILLIAMSON,

Plaintiffs-Appellants,

v

AAA OF MICHIGAN,

Defendant-Appellee.

FOR PUBLICATION
September 22, 2022
9:35 a.m.

No. 357070
Wayne Circuit Court
LC No. 19-014047-NF

Before: SHAPIRO, P.J., and RICK and GARRETT, JJ.

GARRETT, J.

The Michigan Assigned Claims Plan (MACP) assigned a no-fault claim brought by Charles Williamson to defendant AAA. Williamson brought suit against AAA for refusing to pay no-fault personal protection insurance (PIP) benefits, and after he passed away, his Estate proceeded with this litigation. AAA eventually moved for summary disposition, arguing that the Estate was ineligible for PIP benefits because it committed a fraudulent insurance act by submitting false statements in a discovery response to interrogatories. The trial court agreed with AAA and dismissed the Estate's action. We hold that the trial court erred because MCL 500.3173a(4), the statutory provision governing fraudulent insurance acts in this context, only applies to statements offered during the prelitigation insurance claims process and not to those offered during litigation. Accordingly, we reverse and remand.

I. FACTUAL BACKGROUND

On October 30, 2018, Charles Williamson was a pedestrian who suffered injuries after being struck by a car. Williamson applied for no-fault PIP benefits through the Michigan

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Automobile Insurance Placement Facility (MAIPF). The MACP, which is operated by the MAIPF, assigned Williamson's claim to AAA.[1]

After AAA refused to pay PIP benefits, Williamson filed suit for breach of contract and declaratory relief.[2] Williamson died in an unrelated second motor vehicle accident on October 23, 2019. Soon after, Williamson's daughters, Porsha and Lateshea, acquired letters of authority to proceed with this lawsuit as the personal representatives of Williamson's estate.

At issue in this case is the Estate's answers to AAA's interrogatories, submitted during discovery on February 10, 2020. The relevant answers at issue on appeal are:

> 30. Do you claim any loss of services no-fault benefits in this lawsuit?
>
> ANSWER:
>
> 31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:
>
> * * *
>
> ANSWER:
>
> . . . Lirrice Brown. See attached services forms[.][3]
>
> * * *
>
> 57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.
>
> ANSWER:
>
> Yes. See attached[.]

Attached to the Estate's answers were replacement service and attendant care forms identifying Brown as the service provider, including forms for services rendered in November and December 2019, after Williamson passed away. Lateshea signed the interrogatory answers on behalf of the

---

[1] The MACP assigns no-fault insurance claims made by individuals without an available source of no-fault insurance to participating insurers. See MCL 500.3172(1).

[2] It is unclear why Auto Club Insurance Association was originally named as defendant in this case. In December 2019, the trial court entered an order amending the case caption to replace Auto Club with the proper party defendant, AAA.

[3] The Estate mistakenly left Interrogatory 30 blank, but its answer to Interrogatory 31 indicates that it was claiming loss of services no-fault benefits.

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Estate, acknowledging that she believed them to be true to the best of her knowledge, information, and belief.

On December 1, 2020, AAA moved for summary disposition under MCR 2.116(C)(10). AAA argued that the Estate knowingly presented material misrepresentations in support of its claim for no-fault benefits by submitting reimbursement forms for replacement services and attendant care rendered after Williamson passed away. Consequently, AAA asserted that the Estate was completely barred from recovering no-fault benefits under MCL 500.3173a(4) and this Court's decision in *Candler v Farm Bureau Mut Ins Co of Mich*, 321 Mich App 772; 910 NW2d 666 (2017). In opposition to the motion, the Estate argued that the service forms that AAA relied on for dismissal were predated forms completed before Williamson's death that the Estate's counsel had to produce during discovery. The Estate pointed to this Court's decision in *Haydaw v Farm Bureau Ins Co*, 332 Mich App 719; 957 NW2d 858 (2020), to argue that false statements made during discovery do not allow an insurer to avoid coverage. At a hearing on April 6, 2021, the parties argued consistently with their briefs, and the trial court granted AAA's motion for summary disposition. The trial court entered an order concluding that the Estate "committed a fraudulent insurance act by knowingly presenting material misrepresentations in support of its claim for no-fault benefits," and therefore the Estate was "ineligible for payment or benefits pursuant to MCL 500.3173a." The Estate now appeals as of right.

II. STANDARD OF REVIEW

We review a trial court's decision on a motion for summary disposition made under MCR 2.116(C)(10) de novo. *Candler*, 321 Mich App at 777. "De novo review means that we review the legal issue independently" and without deference to the trial court. *Wright v Genesee Co*, 504 Mich 410, 417; 934 NW2d 805 (2019).

> A motion under MCR 2.116(C)(10) tests the factual sufficiency of the complaint. In evaluating a motion for summary disposition brought under this subsection, a trial court considers affidavits, pleadings, depositions, admissions, and other evidence submitted by the parties, MCR 2.116(G)(5), in the light most favorable to the party opposing the motion. Where the proffered evidence fails to establish a genuine issue regarding any material fact, the moving party is entitled to judgment as a matter of law. [*Maiden v Rozwood*, 461 Mich 109, 120; 597 NW2d 817 (1999).]

"A genuine issue of material fact exists when the record, giving the benefit of reasonable doubt to the opposing party, leaves open an issue upon which reasonable minds might differ." *West v Gen Motors Corp*, 469 Mich 177, 183; 665 NW2d 468 (2003). Underlying the trial court's summary disposition ruling are issues of statutory interpretation, which we also review de novo. *Candler*, 321 Mich App at 777.

III. LEGAL BACKGROUND

The no-fault act, MCL 500.3101 *et seq*., enacted by the Legislature in 1973, "created a compulsory motor vehicle insurance program under which insureds may recover directly from their insurers, without regard to fault, for qualifying economic losses arising from motor vehicle

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accidents." *McCormick v Carrier*, 487 Mich 180, 189; 795 NW2d 517 (2010). "The goal of the no-fault insurance system was to provide victims of motor vehicle accidents assured, adequate, and prompt reparation for certain economic losses." *Shavers v Kelley*, 402 Mich 554, 578-579; 267 NW2d 72 (1978). To determine which insurer is designated to provide PIP benefits to a person injured in a motor vehicle accident, "MCL 500.3114 instructs a person to pursue his or her 'claim' for PIP benefits from insurers according to the listed order of priority." *Griffin v Trumbull Ins Co*, ___ Mich ___, ___; ___ NW2d ___ (2022) (Docket No. 162419); slip op at 9 (footnote omitted). But when an individual cannot obtain no-fault insurance through ordinary means, the MAIPF fills in the gaps. See MCL 500.3301. The no-fault act directs the MAIPF to "adopt and maintain an assigned claims plan." MCL 500.3171(2). As this Court has explained:

> Even when there does not appear to be any applicable PIP coverage, the Legislature provided that an injured person could obtain PIP benefits through the MACP. See MCL 500.3172(1). All self-insurers or insurers writing insurance as provided by the no-fault insurance act are required to participate in the MACP, with the associated costs being "allocated fairly among insurers and self-insurers." MCL 500.3171(2). In this way, the Legislature ensured that every person injured in a motor vehicle accident would have access to PIP benefits unless one of the limited exclusions in the no-fault act applies, and the losses suffered by uninsured persons injured in motor vehicle accidents could be indirectly passed on to the owners and registrants of motor vehicles through insurance premiums. [*Spectrum Health Hosps v Mich Assigned Claims Plan*, 330 Mich App 21, 32; 944 NW2d 412 (2019).][4]

Thus, if no other applicable insurance is available, the MACP serves as "the insurer of last priority" for an injured person seeking to recover PIP benefits. *Titan Ins Co v American Country Ins Co*, 312 Mich App 291, 298; 876 NW2d 853 (2015).

IV. ANALYSIS

The Estate argues that the trial court erred by holding that its submission of service forms dated after Williamson's death constituted a fraudulent insurance act that was material to its claim for no-fault benefits and that barred its claim under MCL 500.3173a. The Estate contends that the forms were not submitted in support of its claim for no-fault benefits, but instead to comply with a discovery request. According to the Estate, AAA also failed to prove that the Estate had the requisite intent regarding the falsity of the forms and did not establish that the forms were material to the Estate's claim.

[4] Although portions of *Spectrum* have been superseded by the current version of MCL 500.3173a(1), the language cited above remains good law.

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At issue here is MCL 500.3173a(4), the statutory provision governing fraudulent insurance acts made to the MAIPF or to insurers assigned by the MACP:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the [MAIPF], or to an insurer to which the claim is assigned under the assigned claims plan, for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under [MCL 500.4503][5] that is subject to the penalties imposed under [MCL 500.4511]. A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment of [PIP] benefits under the assigned claims plan.

In *Candler*, 321 Mich App at 779-780, this Court explained that an individual commits a "fraudulent insurance act" under MCL 500.3173a when:

> (1) the person presents or causes to be presented an oral or written statement, (2) the statement is part of or in support of a claim for no-fault benefits, and (3) the claim for benefits was submitted to the MAIPF. Further, (4) the person must have known that the statement contained false information, and (5) the statement concerned a fact or thing material to the claim.

After *Candler*, the Legislature amended MCL 500.3173a to clarify that the statute applies to statements presented in support of a claim to the MAIPF or "to an insurer to which the claim is assigned under the assigned claims plan." MCL 500.3173a(4).[6]

---

[5] MCL 500.4503, which is part of the Insurance Code, MCL 500.100 *et seq*., defines fraudulent insurance acts:

> A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive:
>
> * * *
>
> (c) Presents or causes to be presented to or by any insurer, any oral or written statement including computer-generated information as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false information concerning any fact or thing material to the claim.

[6] When *Candler* was decided, the language currently found in MCL 500.3173a(4) was found in MCL 500.3173a(2). The prior language was largely unchanged by the 2019 amendments, except for the clarifying language discussed above. See 2019 PA 21. Thus, the rule of law announced in *Candler*—the interpretation of a "fraudulent insurance act" under MCL 500.3173a—controls.

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The Estate first challenges the application of the second prong from *Candler*, arguing that the service forms were not statements made in support of a claim for no-fault benefits because they were produced during discovery. This argument turns on the proper interpretation of the word "claim" in MCL 500.3173a(4). Therefore, we begin with the principles of statutory interpretation. "Our fundamental obligation when interpreting a statute is to discern the legislative intent that may be reasonably inferred from the words expressed in the statute." *Brackett v Focus Hope, Inc*, 482 Mich 269, 275; 753 NW2d 207 (2008). In doing so, "we give effect to every word, phrase, and clause in a statute, and consider both the plain meaning of the critical word or phrase as well as its placement and purpose in the statutory scheme." *Anderson v Myers*, 268 Mich App 713, 714-715; 709 NW2d 171 (2005). While it is well-recognized that we apply a statute as written where the statutory language is clear and unambiguous, we have also noted that "[t]he no-fault act is remedial in nature and is to be liberally construed in favor of the persons who are intended to benefit from it." *Putkamer v Transamerica Ins Corp of America*, 454 Mich 626, 631; 563 NW2d 683 (1997).

Although "claim" is not defined in the no-fault act, our Supreme Court in *Griffin* provided helpful context to understanding its usage. *Griffin* analyzed the use of "claim" in MCL 500.3114, which in part, instructs individuals injured in a motor vehicle accident to "claim" no-fault benefits under the assigned claims plan or from an insurer in the order of priority. *Griffin*, ___ Mich at ___; slip op at 9; MCL 500.3114(4) through (6). The *Griffin* Court explained: "In this context, a claim for benefits is simply a demand to an insurer by its insured or a third party for payments that are believed to be due after a motor vehicle accident." *Id*. at __; slip op at 9. In a footnote, the Court elaborated:

> *The point is that making a claim for insurance benefits is not the same as filing a lawsuit*. This commonsense, contextual understanding is also consistent with how an insurance claim is understood within the insurance industry. See, e.g., National Association of Insurance Commissioners, *Glossary of Insurance Terms* (defining "claim" as "a request made by the insured for insurer remittance of payment due to loss incurred and covered under the policy agreement"); GEICO, *Glossary of Insurance Terms and Definitions* (defining "claim" as "[a]ny request or demand for payment under the terms of the insurance policy"); International Risk Management Institute, Inc., *Glossary* ("Claim — used in reference to insurance, a claim may be a demand by an individual or corporation to recover, under a policy of insurance, for loss that may come within that policy.") [*Id*. at __; slip op at 9 n 5 (citations omitted; emphasis added; alteration in original).]

This distinction between a "claim" for benefits submitted to the MAIPF or the MACP-assigned insurer and a *lawsuit* filed for a wrongful denial of that claim is further highlighted by the plain language of the no-fault act. For instance, the no-fault act consistently describes a lawsuit not as a claim but as an "action." See, e.g., MCL 500.3135(2) ("cause of action"); MCL 500.3145(1) ("action for recovery"); MCL 500.3174 ("action by a claimant"). And most relevant here, the no-fault act uses "claim" and "action" differently in statutory provisions involving the MACP. MCL 500.3174 provides:

> A person claiming through the assigned claims plan shall notify the [MAIPF] of his or her claim within 1 year after the date of the accident. On an initial determination of a claimant's eligibility for benefits through the assigned

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> claims plan, the [MAIPF] shall promptly assign the *claim* in accordance with the plan and notify the claimant of the identity and address of the insurer to which the *claim* is assigned. An *action* by a claimant must be commenced as provided in [MCL 500.3145]. [Emphasis added.]

The Legislature's consistent use of the word "claim" to describe a request for insurance benefits and use of the word "action" to describe a lawsuit later filed to recover those benefits is presumed to be an intentional choice by the Legislature. Thus, we must give independent meaning to these different words as they are used throughout the no-fault act. See *US Fidelity & Guaranty Co v Mich Catastrophic Claims Ass'n (On Rehearing)*, 484 Mich 1, 14; 795 NW2d 101 (2009) ("When the Legislature uses different words, the words are generally intended to connote different meanings.").

As previously noted, MCL 500.3173a(4) exclusively uses the word "claim" to describe a fraudulent insurance act that bars an individual from receiving PIP benefits through the MACP. Here, the Estate argues that its submission of inaccurate service forms during discovery was not "in support of a claim to the [MAIPF], or to an insurer to which the claim is assigned under the assigned claims plan." MCL 500.3173a(4). We agree. False statements submitted during discovery, after an *action* for recovery has been filed, are not statements offered in support of a *claim* to the MAIPF or the assigned insurer. The no-fault act recognizes a distinction between the prelitigation insurance claims process and the initiation of litigation through an action for recovery. Had the Legislature intended for MCL 500.3173a(4) to apply to statements made during litigation, the Legislature would have drafted the statute differently to apply, for example, to statements offered "in support of an action for recovery." Because the Legislature did not do so, we give "claim" its intended meaning.

Our conclusion is reinforced by considering the entirety of MCL 500.3173a. Courts should construe a statute "as a whole to harmonize its provisions and carry out the purpose of the Legislature." *Macomb Co Prosecutor v Murphy*, 464 Mich 149, 159; 627 NW2d 247 (2001). MCL 500.3173a concerns a claimant's eligibility for PIP benefits and the denial of benefits, revealing that the Legislature intended for the statute to apply to the prelitigation claims process. See MCL 500.3173a(1) ("The [MAIPF] shall review a claim for [PIP] benefits under the assigned claims plan, shall make an initial determination of the eligibility for benefits under this chapter and the assigned claims plan, and shall deny a claim that the [MAIPF] determines is ineligible under this chapter or the assigned claims plan."). Thus, the plain language of MCL 500.3173a, including the exclusion provision for fraudulent insurance acts, applies to acts related to submitting a claim to the MAIPF or the servicing insurer, not to evidence submitted for the first time during litigation.[7]

[7] This interpretation is consistent with the circumstances in *Candler*. There, the plaintiff submitted forged documentation to Farm Bureau, the insurer assigned by the MACP, in support of his claim of reimbursement for replacement services allegedly provided by his brother. *Candler*, 321 Mich App at 776. Farm Bureau learned through a deposition of the plaintiff's brother, however, that the brother did not provide services to the plaintiff for some months listed in the service forms. *Id.*

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The Estate also contends that this Court's decision in *Haydaw* supports its argument distinguishing statements offered through the prelitigation claims process from statements made during discovery. In *Haydaw*, 332 Mich App at 723, this Court addressed "whether statements made during litigation after the insured's claim is denied constitute grounds to void the policy under a fraud provision." *Haydaw* involved allegedly false testimony given by the plaintiff-insured at his deposition. *Id*. at 721-723. This Court held:

> False statements made during discovery do not provide grounds to void the policy because, by that time, the claim has been denied and the parties are adversaries in litigation. Once suit is brought, what is truth and what is false are matters for a jury or a judge acting as fact-finder. And if it can be shown that a party intentionally testified falsely, it is up to the court to determine what, if any, sanction is proper. Indeed, defendant is essentially seeking dismissal of plaintiff's claim on the basis of alleged discovery misconduct. Given that questions of credibility and intent are generally left to the trier of fact, "[i]t is . . . doubtful whether dismissal for intentionally false deposition testimony is ever appropriate." *Swain v Morse*, 332 Mich App 510, 524; 957 NW2d 396 (2020). In any event, it is up to the trial court to determine whether a drastic sanction such as dismissal is warranted for discovery misconduct, including untruthful deposition testimony. To be clear, once an insurer fails to timely pay a claim and suit is filed, the parties' duties of disclosure are governed by the rules of civil procedure, not the insurance policy. [*Id*. at 726-727 (alteration in original).]

This Court clarified *Haydaw*'s scope in *Fashho v Liberty Mut Ins Co*, 333 Mich App 612, 619; 963 NW2d 695 (2020):

> We read *Haydaw* as standing for the unremarkable proposition that an insurer cannot assert that it denied a claim because of fraud that occurred after litigation began; the fraud must have occurred before the commencement of legal proceedings. This recognizes the reality that a plaintiff-insured only commences suit after the defendant-insurer denies the plaintiff's claim and that the denial cannot possibly be based on an event that has not yet taken place. This does not mean that a defendant cannot rely on evidence of fraud obtained after litigation commences. It simply means that the evidence must relate to fraud that took place before the proceedings began.

Just like in *Haydaw*, we hold that the fraudulent insurance act provision in MCL 500.3173a does not apply to statements made after litigation has ensued. We recognize, as AAA argues, that *Haydaw* involved a fraud provision in a no-fault insurance policy, whereas this case involves a claim assigned to an insurer under the MACP and is governed exclusively by statute. Nevertheless, much of the rationale from *Haydaw* is persuasive to the circumstances before us, and most

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Thus, although the fraudulent act was discovered after litigation had commenced, it related to statements made in support of the plaintiff's claim to the assigned insurer.

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importantly, applying *Haydaw*'s holding in this context is consistent with the plain language of MCL 500.3173a(4).

Here, the attendant care and replacement service forms were not submitted in support of Williamson's *claim* for no-fault benefits that he submitted to the MAIPF or to AAA. Rather, the forms were disclosed during discovery—after the claim was submitted to the MAIPF, assigned to AAA, denied by AAA, and litigation had ensued. MCL 500.3173a(4) asks whether the allegedly false statement was "part of or in support of a claim to the [MAIPF], or to an insurer to which the claim is assigned under the assigned claims plan." But a false statement made in a filing submitted during discovery is not a statement made to the MAIPF or to an assigned insurer. Rather, a false statement made during discovery is made to the court. See *Haydaw*, 332 Mich App at 728 ("[A]n insured's statements during discovery are made with the intention that the trier of fact, not the insurer, will act on them."). That is why the court rules authorize courts to sanction discovery violations under specific circumstances. See MCR 2.313. Thus, an insurer may have recourse for a false statement made during discovery, but it is not dismissal of the claim under MCL 500.3173a.[8]

In sum, we conclude that the second element of a "fraudulent insurance act" under MCL 500.3173a(4) as discussed in *Candler*—whether the statement supports a "claim" for no-fault benefits—refers to statements offered to the MAIPF or an assigned insurer during the prelitigation claims process. Statements made for the first time during discovery cannot form the basis of a fraudulent insurance act under MCL 500.3173a(4). In this case, it is undisputed that the attendant care and replacement service forms dated after Williamson's death were submitted in response to a discovery request and not in support of the initial claim for benefits to the MAIPF or AAA. Accordingly, the trial court erred by granting AAA's motion for summary disposition and dismissing the Estate's claims for a fraudulent insurance act under MCL 500.3173a(4).

Given our holding, we need not address the Estate's alternative arguments that AAA failed to satisfy the intent and materiality prongs for a fraudulent insurance act under MCL 500.3173a(4), or that AAA failed to plead the affirmative defense of fraud with sufficient particularity.

We reverse and remand for proceedings consistent with this opinion. We do not retain jurisdiction.

/s/ Kristina Robinson Garrett
/s/ Douglas B. Shapiro
/s/ Michelle M. Rick

---

[8] That is unless, as recognized in *Fashho*, 333 Mich App at 619, the insurer obtains the evidence of a fraudulent insurance act after litigation begins, but the fraud took place before the proceedings began. In that situation, the insurer would have to show, consistent with our holding, that the false statement was offered in support of the initial claim filed with the MAIPF or the assigned insurer, despite its falsity not being uncovered until mid-litigation.

APPENDIX C

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Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 01/2016)

External # 1201874 | Crash ID 1520337

Page 01 of 01
File Class

Incident # 1201874

Reviewer ROBERT CRESWELL

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8234912

Department Name: Detroit Police Department 12

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
10/30/2018	18:40	02	Single Motor Vehicle	● None ○ Fleeing Police ○ Hit and Run ○ Unknown ○ School Bus ○ Animal	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
82 - Wayne	None	On the Road	Rain	INTR Within Intersection

City/Twp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
99 - Detroit	None		Dark-Unlighted	Wet	05	35	Yes

Work Zone (If applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
	GREENFIELD			N

Distance / Direction: AT

Trafficway: Divided Hwy w/o Barrier

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
	GREENLODGE			W

VEHICLE / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	W452115001106O	01/22/1959 (59)	○ Operator ○ Chauffeur ○ Moped	○ Cycle ○ Farm ○ Recreation	M	00	Failed to Yield

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
P	CHARLES WILLIAMSON 19771 FORRER DETROIT, MI 48208	No	B	Pedestrian	No Belts Available

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
		Unknown			Not Equipped

Hospital: GENERIC HOSPITAL CODE

Ambulance: DETROIT FIRE DEPT EMS

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ● Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	○ Blood ○ Urine ○ Field ○ Refused ● Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
		Not Applicable		

Automation System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash
No	No Automation	No Automation

Insurance Company	Insurance Policy #	Towed By	Towed To

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
11	11	No Damage			In Roadway with Traffic

Sequence of Events (● Indicates MOST harmful event)
First: ● 17 - Motor Veh in Transport | Second | Third | Fourth

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital | Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital | Ambulance

COMMERCIAL VEHICLE

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
	○H ○P ○T ○N ○S ○X	○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information

Damaged Property	Public	Owner & Phone

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UNIT

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	W231281071072	01/27/1981 (37)	● Operator ○ Chauffeur ○ Moped	○ Cycle ○ Farm ○ Recreation	M	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	FRED WESTBROOK 2005 RICHTON DETROIT, MI 48206 (248) 302-7689	Yes	O	Front - Left	Shoulder and Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Unknown			Not Deployed

Hospital	Ambulance
NONE	NONE

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ● Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	○ Blood ○ Urine ○ Field ○ Refused ● Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
EXITUS	MI		2016	CHRYSLER	300S	RED

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
2C3CCAGG7GH170900	Passenger Car, SUV, Van	Not Applicable		

Automation System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash
No	No Automation	No Automation

Insurance Company	Insurance Policy #	Towed By	Towed To
CINCINATTI	A010727946		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
07	11	No Damage	S	Private	Going Straight Ahead

Sequence of Events (● Indicates MOST harmful event)	First	Second	Third	Fourth
	● 15 - Pedestrian			

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

SEQUENCE

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
	OH OP OT ON OS OX	○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information

WITNESSES

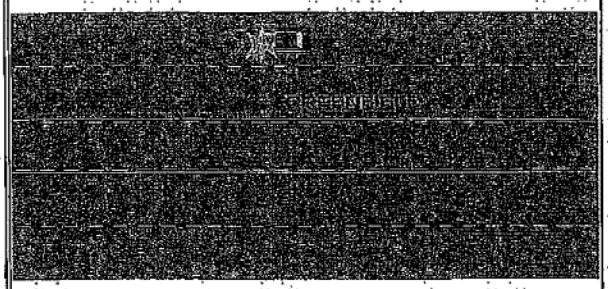
Witness Information	Witness Information
MARCUS HOLLOWAY 20064 BASIL DETROIT 48235 (313) 854-5207	

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
Yes	10/30/2018 (19:17)	LAMONT NELSON (4816)		No

Narrative

UNIT 1 WALKING WESTBOUND ACROSS GREENFIELD NOT USING CROSSWALK INTO ON COMING TRAFFIC THEN STRUCK BY UNIT 2 WHO WAS TRAVELING SOUTHBOUND ON GREENFIELD. UNIT 1 WAS CONVEYED TO PROVIDENCE HOSPITAL BY MEDIC 46 WHERE HE WAS LISTED IN STABLE CONDITION PER DR. PAUL MRN#109119917.

Diagram



INCIDENT/INVESTIGATION REPORT

INCIDENT DATA

Agency Name	Detroit Police Department
ORI	MI 8234900
Case#	181030-0353
Date / Time Reported	10/30/18 18:45 Tue
Last Known Secure	10/30/18 18:45 Tue
At Found	10/30/18 18:45 Tue
Location of Incident	W 8 Mile Rd/greenfield Rd, Detroit
Premise Type	Highway/road/alley
Zone/Tract	

	Crime Incident(s)	Weapon / Tools	Activity	Entry	Exit	Security
#1	Accident, All Other 97006 (Com)		N			
#2	Crime Incident ( )					
#3	Crime Incident ( )					

MO

VICTIM

# of Victims 1 — Type: INDIVIDUAL/ NOT LAW — Injury: Apparent Minor Injury

	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
V1	WILLIAMSON, CHARLES	1	01/22/59 Age 59	B	M	I99	Resident	

Home Address: 19771 FORRER ST, Detroit, MI 48235- — Home Phone: 313-465-0867

Employer Name/Address — Business Phone — Mobile Phone

VYR	Make	Model	Style	Color	Lic/Lis	VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: — Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address — Home Phone

Employer Name/Address — Business Phone — Mobile Phone

Type: — Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address — Home Phone

Employer Name/Address — Business Phone — Mobile Phone

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	03	0	$0.00		1	2016 RED, EXITUS MI	CHRY 300s	2C3CCAGG7GH170900

Officer/ID# Roe, Kayla C (WES, 12TH) [redacted]

Invest ID# (0) — Supervisor: Claybourne, John R (WES, 12TH)

Status — Complainant Signature — Case Status: Active 10/30/18 — Case Disposition: — Page 1

R_CS1IBR — Printed By: BICKERSTAFFK234, — Sys#: 1 — 11/20/18 13:01:0

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INCIDENT/INVESTIGATION REPORT

Detroit Police Department

Case # *181030-0353*

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type	
DRUGS						

Assisting Officers

Suspect Hate / Bias Motivated: *NONE*

NARRATIVE

The victim stated that at the date, time and location listed on the report they were the victim of a motor vehicle accident.

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REPORTING OFFICER NARRATIVE

Detroit Police Department		OCA 181030-0353
Victim: WILLIAMSON, CHARLES	Offense: ACCIDENT, ALL OTHER	Date / Time Reported: Tue 10/30/18 18:45

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

[10/30/2018 19:53, ROEK161, 1974]

PO KAYLA ROE 864
PO LAMONT NELSON 4816

ON 10/30/18 MY PARTNER AND I WERE DISPATCHED TO GREENFIELD/ LODGE SERVICE DRIVE FOR AN AUTO ACCIDENT INVOLVING A PEDESTRIAN.

WHEN I ARRIVED AT THE LOCATION I SPOKE TO OFFENDER WHO STATED HE STRUCK VICTIM WHO WAS CROSSING GREENFIELD HEADING WESTBOUND. OFFENDER WAS TRAVELING SOUTHBOUND ON GREENFIELD IN HIS 2016 CHRYSLER PLATE#EXITUS. OFFENDER STATED VICTIM WAS NOT USING A CROSSWALK AND WALKED INTO ONCOMING TRAFFIC.

VICTIM WAS CONVEYED TO PROVIDENCE HOSPITAL BY MEDIC 46 WHERE HE WAS LISTED IN STABLE CONDITION PER DR. PAUL MRN#109119917.

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Incident Report Suspect List

Detroit Police Department

OCA: *181030-0353*

1	Name (Last, First, Middle)	Also Known As	Home Address
	WESTBROOK, FRED III		[redacted]
	Business Address		

DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State
	37	*B*	*M*							

Scars, Marks, Tattoos, or other distinguishing features

Reported Suspect Detail	Suspect Age	Race	Sex	Eth	Height	Weight	SSN

Weapon, Type	Feature	Make	Model	Color	Caliber	Dir of Travel / Mode of Travel

Veh Yr/Make/Model	Drs	Style	Color	Lic/St	VIN

Notes

Physical Char

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Incident Report Related Vehicle List

Detroit Police Department

OCA: *181030-0353*

1	Veh Yr/Make/Model: *2016 CHRY, 300s*	Style:	Color: *RED*	Lic/Lis: *EXITUS MI 2018*	VIN: *2C3CCAGG7GH170900*	
	IBR Status: *None*	Date: *10/30/18*	Location: *W 8 MILE RD/GREENFIELD RD, DETROIT MI*			
	Condition:	Value: *$0.00*	Offense Code: *9999*	Jurisdiction: *Locally*	State #:	NIC #:
	Name (Last, First, Middle): ** No name **		Also Known As:		Home Address:	
	Business Address:					
	DOB	Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features

Notes

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APPENDIX D

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Michigan Automobile Insurance Placement Facility
PO Box 532318 | Livonia, MI 48153-2318 | Phone: 734-464-8111 | Fax: 734 744-8552
www.michacp.org

Please note, "you" referenced throughout this application is defined as the injured person applying for benefits.
This application must be completed, signed and received no later than one (1) year from the date of accident. Incomplete or illegible applications will be returned without assignment to a servicing insurer. Please also submit a copy of the police report, EMS run form and/or any other documentation. All information will be reviewed, however, please note, additional information may be required. **Please be advised, applications made to the Michigan Automobile Insurance Placement Facility should be submitted as soon as possible to expedite the initial determination of an injured person's eligibility for benefits.**

Injured Person Information

1. Name of Injured Person: First Name	Middle Name	Last Name	Suffix	2. Date of Birth:
Charles		Williamson		01/22/1959

3. List any and all names you have previously or currently go by

4. Social Security #: 368-76-4517

5. Injured Person's Current Address: Street	Apt #	City	State	Zip Code
19771 Freeland St.		Detroit,	MI.	48235

6. Injured Person's Address at the Time of the Accident: Street	Apt #	City	State	Zip Code

7. Home Phone #	8. Work Phone #	9. Cell Phone #	10. Email Address
313-465-0867	N/A	313-465-0867	

11.a. Marital Status: ☑ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Widowed
b. If "married" or "separated" please provide:

Spouse Name: Maxine Williamson Spouse Address: Check here if spouse address is same as injured person's ☑

12. Date of Accident	13. Injured Person's Driver's License # and State or State ID #
10/30/2018	NO License.

14. At the time of the accident, were you a Michigan resident? ☑ Yes ☐ No
a. If no, list state: _____

15. At the time of the accident, did you have any auto insurance? ☐ Yes ☑ No
a. If yes, list Name of Automobile Insurance Company & Policy Number

Accident Information

16. Accident Location: Street	City	State	Zip Code
8 mile & Greenfield Roads	Detroit	MI.	48235

17. Provide a full description of how the accident occurred. Note: If you require additional space, please attach a separate sheet with details as part of this application.
Resident riding bike while crossing street when struck by car.

18. Was a police report made? ☑ Yes ☐ No #18010300353
a. If yes, list name of police department, police report number and date made: Detroit Police Department

19. What was your position at the time of the accident? ☐ Driver ☐ Passenger ☑ Pedestrian ☐ Motorcyclist ☐ Other on Bicycle
a. If you answered "Passenger", where were you seated in the vehicle? ☐ Passenger Front Seat ☐ Driver Side Back Seat ☐ Middle Back Seat ☐ Passenger Back Seat ☐ Other _____

20. Was the vehicle a motorcycle? ☐ Yes ☑ No If you answered "Yes" please provide the following:
a. List the name of the owner of the motorcycle: _____
b. Was the motorcycle insured at the time of the accident? ☐ Yes ☐ No c. Motorcycle Vin # _____
d. If the motorcycle was insured and you were the owner of the motorcycle, please attach a copy of your proof of motorcycle insurance.

21. Were you contacted by a doctor's office or other person about this claim? ☐ Doctor ☐ Other ☑ None
a. If you answered "Doctor", please provide:
Name of Doctor Address Phone Number

b. If you answered "Other", please provide:
Name Address Phone Number

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Injury Information

22. Are you claiming injuries from the accident? ☑ Yes ☐ No a. If yes, describe your injuries:
① Fx. Rt. Lower Leg ② Fx. Superior Rim of Right Orbit
③ Fx. Rt. Tibia ④ multiple Rib Fractures ⑤ displaced Fx. of anterior wall

23. Were you treated and/or transported by an ambulance/EMS or by any other way to a hospital after the accident? ☑ Yes ☐ No
a. If yes, please provide:

EMS/Ambulance/Person Name	Address	Phone Number
Superior Ambulance	28440 Franklin Rd. Southfield, MI.	248-945-6600

24. Were you treated in a hospital after the accident? ☐ Yes ☐ No a. If yes, what type of treatment did you receive? ☐ In-Patient ☐ Out-Patient
b. If yes, please provide:

Hospital Name	Address	Phone Number
Providence Hosp.	16001 W. 9 Mile Road	248-849-3000

Note: If you were treated at more than 1 hospital, attach a separate sheet with contact information as part of this application.

25. Are you currently or were you treated by a doctor after the accident? ☑ Yes ☐ No
a. If yes, please provide:

Doctor Name	Address	Phone Number
Emergency Room	16001 W. 9 Mile Road	248-849-3000

b. Name of person who referred you to this doctor: Taken via Ambulance.

Note: If you were treated at more than 1 doctor, attach a separate sheet with contact information as part of this application.

26. Before this accident happened, did you have any of the same injuries as you listed in question 22? ☐ Yes ☑ No
a. If yes, describe which injuries and the doctors/pharmacies you treated with:

Injuries N/A

Doctors/Pharmacy Name	Address	Phone Number	How long were you treating?
N/A			

Note: If you sought treatment from more than 1 doctor/pharmacy, attach a separate sheet with contact information as part of this application.

27. Please list any medical conditions you had and/or medications you were taking at any time before this accident.
a. If so, please provide the name, address, phone number(s) and length of treatment:

Doctors/Pharmacy Name	Address	Phone Number	How long were you treating?

Note: If you sought treatment from more than 1 doctor/pharmacy, attach a separate sheet with contact information as part of this application.

28. Do you have a primary care doctor? ☑ Yes ☐ No a. If yes, please provide:

Doctors Name	Address	Phone Number

29. Have you received any medical bills from this accident?	30. Do you expect to receive medical bills from this accident?	31. Did you apply for social security disability benefits at any time before or after this accident?
☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No 31b. If yes, please provide all of the dates of your application(s):

Medical Insurance

32. Do you have any kind of health insurance? ☑ Yes ☐ No a. If yes, please provide:

Name of Health Insurance Co.	Address	Phone Number
Aetna Medicaid	151 Farmington Ave.	800-624-0756

Policy or Plan Number: 000252.7825 Member Number: _____ Group Number: _____

33. Are you a Medicare Beneficiary? ☐ Yes ☑ No a. If yes, what is your Medicare #: _____

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Employment Information

34. Were you employed at the time of the accident? ☑ Yes ☐ No a. If yes, provide the following information; If no, skip to question 42.

Name, Address and Phone Number of Your Employer	Job Title	Average weekly income at the time of the accident	List the dates of your employment: From	To
—	—	$ —	—	—

Note: If you were employed by more than 1 employer, attach a separate sheet with contact information as part of this application.

35. Have you missed any work because of your injuries? ☐ Yes ☑ No a. If yes, what is the first date you missed work? _____

36. Do you have a note from a doctor ordering you to stay home from work? ☐ Yes ☑ No a. If yes, please provide:
Doctors Name Address Phone Number

37. Have you returned to work? ☐ Yes ☑ No
a. If yes, what date did you return to work? _____

38. If not yet returned, have you been given a return date? ☐ Yes ☑ No
a. If yes, return to work date: _____

39. Were you on the job at the time of the accident? ☐ Yes ☑ No
a. If yes, are you eligible for any benefits under workers compensation? ☐ Yes ☑ No

40. How did you normally get to work before the accident? I.E. Public Transportation, motor vehicle, etc. N/a

41. Are you eligible for any benefits under any other wage or salary continuation plan? ☐ Yes ☑ No

Entitlement Information-Note that question 42 refers to the involved motor vehicle you were in, getting into or out of, or were struck by as a pedestrian or if applicable, the motorcycle you were on at the time of the accident.

42. Was there damage to the vehicle you were occupying or struck by? ☐ Yes ☐ No ☑ Unknown If yes, describe the damage to the vehicle:

a. Was the vehicle towed? ☐ Yes ☐ No If yes, please provide: Name of Towing Company Address Phone Number

b. Was the vehicle repaired? ☐ Yes ☐ No If yes, please provide: Name of Repair Company Address Phone Number

c. Do you know the current location of the involved vehicle? ☐ Yes ☑ No If yes, please provide: Location of Vehicle Address Phone Number

Note: If you were struck by more than 1 vehicle as a pedestrian, attach separate sheet with contact information as part of this application.

d. Did you use the motor vehicle/motorcycle at any time before the date of the accident? ☐ Yes ☐ No ☐ Unknown

e. How often did you use the vehicle/motorcycle?
☐ Daily ☐ Once a Week ☐ Two or More Times Per Week ☐ Less than Once Per Month ☐ Rarely ☐ Other, please explain N/a

f. Did you have access to a set of keys to the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

g. Have you ever had to ask permission to use the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown N/a

h. Have you ever been denied permission to use the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

i. Did you ever put gas in the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

j. Did you ever pay money toward the purchase or the maintenance of the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

k. Did you have permission to use the vehicle/motorcycle on the date of the accident? ☐ Yes ☐ No ☐ Unknown If Yes, from who? N/a

43. List the name of the owner of the vehicle (Note, if you were on a motorcycle, please provide the following information about the vehicle involved in your accident):
First Name: Fred Middle Name: _____ Last Name: Westbrook III

Owner's Address and Phone Number
2005 Richton Avenue, Detroit, mi. 48216

a. List the Name of the Registrant of Vehicle involved in the accident if different than the owner: First Name: Fred Middle Name: _____ Last Name: Westbrook III

Registrant's Address and Phone Number
2005 Richton Avenue Detroit, mi. 48216

b. Vehicle Involved:

Year	Make	Model	Vehicle Identification Number (VIN)	Plate Number	State the Vehicle is Registered in
2016	Chev	300	2C3CCAGG7GH170900	EKTMS	MI

c. Did the owner and/or registrant of this vehicle have any automobile insurance on the date of the accident? ☐ Yes ☐ No If yes: Unknown
Name of Insurance Company: ? Policy #: ?
How did you confirm if the owner/registrant did or did not have insurance? Certified letter sent

d. If not you, list the name of the driver of the vehicle: First Name Middle Name Last Name

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

e. Did the driver have automobile insurance in effect on the date of the accident? ☐ Yes ☐ No If yes: Unknown
Name of Insurance Company: _____ Policy #: _____
How did you confirm if the driver did or did not have insurance? Certified letter sent
f. How many people were in the vehicle? _____
Please list all passengers in this vehicle at the time of the automobile accident:

Name	Address	Phone Number	Passenger's Insurance Company (if any)	Insurance Policy #
	Unknown			

Note: If more than 5 passengers, attach separate sheet with the above information as part of this application.

44. Were there witnesses to the accident? ☐ Yes ☐ No If yes, please provide: None listed on police Report

Witness Name	Address	Phone Number
Witness Name	Address	Phone Number

Note: If more than 2 witnesses, attach separate sheet with contact information as part of this application.

Entitlement Information *(continued)*

45. List all the people who lived in your home at the time of the auto accident and their relationship to you:

Name	Relationship
Marine Williamson	Sister

If more than 3, attach separate sheet with information as part of this application.

46. Describe all motor vehicles owned by you, your spouse (even if you are separated) or any relative living in your home on the date of the accident: If none, check here: X

Owner/Relationship	Year, Make & Model of Vehicle	Vehicle Identification Number	Plate Number	Insurance Co & Policy Number

Note: If more than 3, attach separate sheet with contact information as part of this application.

47. Have you ever made a claim for benefits (i.e. payment of medical bills) due to an injury that was caused by an automobile accident? ☐ Yes X No
a. If yes, please provide:
Name of Insurance Company Claim Number

48. Are you filing this claim with the Michigan Automobile Insurance Placement Facility because there is a dispute between two or more insurance companies concerning their obligation to provide you with insurance coverage? ☐ Yes X No
a. If yes, please provide documentation of the dispute and the following:
Name of Insurance Company Phone Number Claim Number

Name of Insurance Company Phone Number Claim Number

49. Please document what actions you have taken to determine that there is no other auto insurance coverage. This question should be completed to expedite the claims process (attach additional sheet(s) if needed and any supporting documentation).
Please see attached letter (4pg)

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Please note, if the top two boxes below are not acknowledged and the application is not signed and dated, the application will be considered incomplete and will be returned to the injured person or the preparer for further completion.

X I have reviewed the application in its entirety and attest that the information contained therein is true and accurate. If I am a medical provider and am submitting this application on behalf of the injured person, I attest that I have knowledge of the information provided, have thoroughly investigated and verified all documented information and have knowledge that all the information documented is true and accurate.

X I acknowledge I have read the following fraud warning:

FRAUD WARNING

A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan Automobile Insurance Placement Facility for payment or any other benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 of the insurance code that is subject to the penalties imposed under section 4511. **A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the Assigned Claims Plan.**

X I understand that if benefits are paid to me or for my benefit, the owner of the involved, uninsured vehicle will be financially responsible for reimbursement of all no fault benefits paid and costs associated with this claim pursuant to the Michigan No Fault Act.

X If I provided an email address, I understand that future correspondence and information regarding this claim may be exchanged via the email contact provided.

Signature of Injured Person or Representative	Printed Name of Injured Person or Representative	Date:
X Charles Williamson	X Charles Williamson	12/14/2018
Signature of Preparer (if different than above)	**Printed Name of Preparer (if different than above)**	**Date:**
X Kimberly Taylor	X Kimberly Taylor	12/14/2018

Who prepared this application? ☐ Injured Person ☐ Attorney X Third Party Biller ☐ Parent ☐ Legal Guardian

Preparer Name and Company: TFX Lakeland Center

Address: 24900 Franklin Road

City: Southfield State: MI Zip Code: 48033

Phone Number: 248-350-8078

If the preparer is a medical provider: Do you have an assignment of benefits?

X Yes ☐ No If Yes, please attach.

Michigan Assigned Claims Plan
c/o Michigan Automobile Insurance Placement Facility
PO Box 532318
Livonia, MI 48153-2318
www.michacp.org Phone: 734-464-8111
Email: info@michacp.org
Fax: 734 744-8552

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APPENDIX E

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Approved, SCAO | Original - Court, 1st copy - Defendant | 2nd copy - Plaintiff, 3rd copy - Return HO

STATE OF MICHIGAN 50th JUDICIAL DISTRICT / JUDICIAL CIRCUIT / COUNTY PROBATE	SUMMONS	CASE NO. 19-014047-NF

Court address: 1200 N Telegraph Rd. Pontiac, MI 48341

Court telephone no.: 248-858-0582

Plaintiff's name(s), address(es), and telephone no(s).
Charles Williamson

v

Defendant's name(s), address(es), and telephone no(s).
AAA
John Bruno
Secretary and General Counsel
1 Auto Club Drive
Dearborn, MI 48126

Office of General Counsel
OCT 24 2019
RECEIVED

Plaintiff's attorney, bar no., address, and telephone no.
LAW OFFICE OF CARL L. COLLINS III
Carl L. Collins III (P55982)
Attorneys for Plaintiffs
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
855-CAR-HIT-U

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

☐ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
☐ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
☑ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in ☐ this court, ☐ _____ Court, where it was given case number _____ and assigned to Judge _____.

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk. **SUMMONS**

NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court** (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date	Expiration date*	Court clerk

*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 10/22/2019 4:17 PM Laverne Chapman
855-CAR-HIT-U
The Law Office of Carl Collins III, PLLC

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

CHARLES WILLIAMSON
Plaintiff,
v.

Case No. NF
Hon.

AUTO CLUB OF MICHIGAN and
AAA-MICHIGAN,
Defendants,
/

Office of General Counsel

OCT 24 2019

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LAW OFFICE OF CARL L. COLLINS III
Carl L. Collins III (P55982)
Attorneys for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100
/

There are no other pending or resolved civil actions arising out of the transaction or occurrence alleged in the complaint

COMPLAINT

NOW COMES the Plaintiff, CHARLES WILLIAMSON, by and through the Plaintiff's attorneys, LAW OFFICE OF CARL L. COLLINS III, and in the Plaintiff's Complaint against the Defendants, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, states the following:

JURISDICTION AND VENUE

1. This Court has jurisdiction over this action as the amount in controversy, exclusive of interest and costs, exceeds the sum of $25,000.00. MCL 600.605.
2. Venue is proper in this Circuit, pursuant to MCL 600.1621(a), as the Defendants resides or conducts business in Wayne County, in the State of Michigan.
3. The acts by the Defendants that form the basis of this legal action all occurred in Wayne County, in the State of Michigan.

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The Law Office of Carl Collins III, PLLC

NOTICE

4. That as a result of the below occurrence CHARLES WILLIAMSON, suffered great physical and emotional injuries, not limited to serious impairment of body function, traumatic brain injury, L2-L3, L3-L4, L4-L5 disc buldge, L4-L5, L5-S1 and L4-L5 damages, right knee tear of the posterior horn, surgical changes, left fracture of the knee, permanent disfigurement, permanent injuries, aggravation of preexisting injuries, physical and emotional, pain and suffering, and mental anguish as a result of being struck by a vehicle on October 30, 2018 at 6:40 p.m. on Greenfield Rd, in the City of Detroit, County of Wayne and State of Michigan as said vehicle operated by FRED WESTBROOK and all witnessed by Marcus Holloway, 20064 Basil, Detroit, Mi, (313) 854-5207.
5. That this serves as notice under MCLA 500.3145 to Defendants AUTO CLUB OF MICHIGAN and AAA-MICHIGAN.
6. That the address of the Plaintiff under this notice shall be the above counsel for the Plaintiff.

COUNT I: BREACH OF CONTRACT

7. The Plaintiff incorporates all paragraphs by reference as though fully set forth herein.
8. That on or about October 30, 2018, CHARLES WILLIAMSON, was insured under the provisions of an automobile insurance policy issued by AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, then in effect in accordance with the provisions of the No-Fault Insurance Act (No-Fault), MCL 500.3101 *et seq.*
9. That pursuant to the No-Fault Act MCL 500.3114, the Defendants are the insurer having the highest order of priority to provide the Plaintiff personal injury protection (PIP) benefits coverage.

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The Law Office of Carl Collins III, PLLC

10. That on or about October 30, 2018, upon the accidental injury of the Plaintiff, CHARLES WILLIAMSON, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, became obligated to provide the Plaintiff personal injury protection (PIP) benefits coverage, including, but not limited to medical bills, attendant care, replacement services and lost wages in accordance with the applicable No-Fault provisions.
11. That the Plaintiff have submitted notice of the Plaintiff's personal injury protection (PIP) benefits claim to AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, has refused and/or ignored same.
12. That the AUTO CLUB OF MICHIGAN and AAA-MICHIGAN,, assigned the Plaintiff a claim number of 401045161 and has failed and/or refused to pay or even acknowledge the Plaintiff's personal injury protection (PIP) benefits claims.
13. That the Defendants have breached the automobile insurance contract and the Defendants' statutory obligation to provide personal injury protection (PIP) benefits coverage to the Plaintiff.
14. That as a result of the Defendants failure and refusal to provide personal injury protection (PIP) benefits; the Plaintiff has sustained financial harm.
15. The Plaintiff requests that this Honorable Court enter an order compelling the Defendants to meet the Defendants' contractual and statutory obligation and award the Plaintiff damages of an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs and any other relief this Honorable Court deems appropriate for the Defendants' unreasonable refusal to pay personal injury protection (PIP) benefits.

COUNT II: DECLARATORY RELIEF

17. The Plaintiff incorporates all paragraphs by reference as though fully set forth herein.

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18. An actual controversy exists between the Plaintiff and the Defendants.

19. That the Court must determine the following:

a. The applicability of the No-Fault Act to the Plaintiff's claim;

b. The amount of wage loss benefits, replacement service expenses, medical expenses, no-fault interest, actual attorney fees or other benefits owed to the Plaintiff;

c. Any coverage or policy disputes between the Plaintiff and the Defendants and

d. Other determinations, orders and judgments necessary to fully adjudicate the rights of the parties.

20. The Plaintiff requests that this Honorable Court enter judgment against the Defendants in an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs, any other relief this Honorable Court deems appropriate, as well as all past, present and future personal injury protection (PIP) insurance benefits so wrongfully denied.

WHEREFORE, the Plaintiff prays that this Honorable Court enter judgment against the Defendants in an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs and any other relief that this Honorable Court deems appropriate for the Defendants' unreasonable refusal to pay personal injury protection (PIP) benefits.

855-CAR-HIT-U
The Law Office of Carl Collins III, PLLC

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Respectfully Submitted,
LAW OFFICE OF CARL L. COLLINS III
By: /s/Carl L. Collins III
Carl L. Collins III (P55982)
Attorneys for Plaintiff

Date: October 21, 2019

855-CAR-HIT-U
The Law Office of Carl Collins III, PLLC

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APPENDIX F

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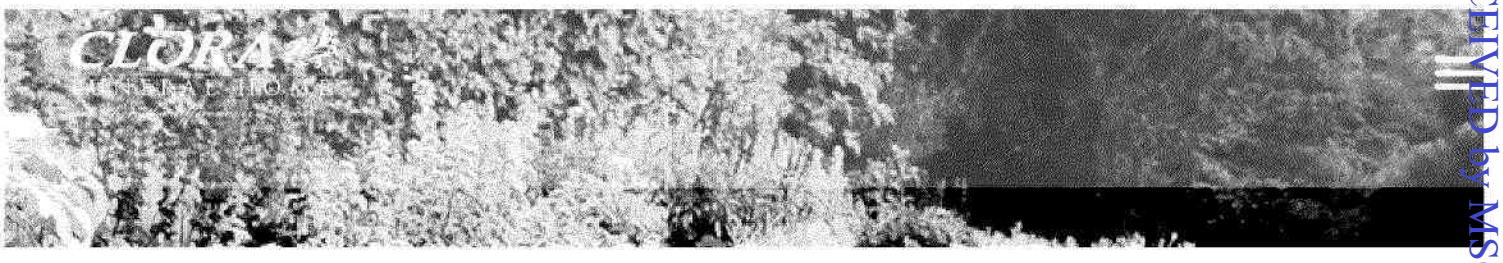
Detroit East: (313) 368-0100 River Rouge: (313) 843-0100 Detroit West: (313) 914-3334





Send Beautiful Flowers

Share a Memory

Share

MR. CHARLES WILLIAMSON

January 22, 1959 - October 23, 2019

Login

PRINT

The family of MR. CHARLES WILLIAMSON created this Life Tributes page to make it easy to share your memories.

Obituary & Service
No obituary.
View More

Share a Memory Below
A comforting word from you means a lot.
Share a Memory

Flowers & Gifts
Send flowers to the WILLIAMSON's family.
Send Flowers

Tribute Wall | Photos & Videos | **Family Dates** | + More

Birthdays

CHARLES WILLIAMSON	Jan 22, 1959 - Oct 23, 2019	60 years

Anniversaries

No anniversaries yet.
You can contribute with this family by adding members and growing this family tree.

APPENDIX G

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OSM CODE: LET

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE	FILE NO. 2020-854581-DE Judge David A. Perkins

Estate of Charles Williamson, Decedent

TO: Name, address, and telephone no.

Porsha Williamson
9213 West Pickwick Circle
Taylor, MI 48180
(313)685-3634

Lateshea Williamson
19771 Forrer
Detroit, MI 48235
(313)687-3937

You have been appointed and qualified as Co- Personal Representative of the estate on 01/08/2020.
Date

You are authorized to do and perform all acts authorized by law except as to the following:
Restrictions:

These letters expire: **3/5/2021**.
Date

01/08/2020
Date

Probate Register

SEE NOTICE OF DUTIES ON SECOND PAGE

DARREN M. FINDLING	51350	DARREN M. FINDLING	51350
Attorney name (type or print)	Bar no.	Attorney name (type or print)	Bar no.
414 W 5TH ST		414 W 5TH ST	
Address		Address	
ROYAL OAK, MI 48067-2545	(248)-399-3300	ROYAL OAK, MI 48067-2545	(248)-399-3300
City, state, zip	Telephone no.	City, state, zip	Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

JAN 08 2020
Date

Deputy Probate Register

The Letters of Authority are valid only if issued with the raised seal of the Wayne County Probate Court.

Do not write below this line - For court use only

MCL 700.3103; MCL 700.3307, MCL 700.3414, MCL 700.3504, MCL 700.3601,; MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

PC 572 (06/16) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

Porsha Williamson
9213 West Pickwick Circle
Taylor, MI 48180

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The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you. See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

CONTINUED ADMINISTRATION: If the estate is not settled within 1 year after the first personal representative's appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of the first personal representative's appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate. [MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

DUTY TO COMPLETE ADMINISTRATION OF ESTATE: You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

CHANGE OF ADDRESS: You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

Additional Duties for Supervised Administration

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

INVENTORY: You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative.
[MCL 700.3706, MCR 5.307, MCR 5.310(E)]

ACCOUNTS: You are required to file with this court once a year, either on the anniversary date that your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

ESTATE (OR INHERITANCE) TAX INFORMATION: You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

Additional Duties for Unsupervised Administration

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

INVENTORY: You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). You are also required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

ESTATE (OR INHERITANCE) TAX INFORMATION: You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

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STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	YOUR RESPONSIBILITIES AS PERSONAL REPRESENTATIVE	FILE NO. 2020-854581-DE

In the matter of Charles Williamson, Decedent

Claims. In almost all cases, notice to the decedent's creditors must be published in a newspaper. If you know of specific creditors of the decedent, they must be given a ***Notice to Known Creditors*** form. You must determine what creditors' claims, if any, should be paid. The estate cannot be closed if publication is required and was not done.

Inventory. The law requires you to file an ***Inventory*** listing all the estate's assets as of date of death within 91 days of the date you became personal representative. The Court will send you a notice and a blank ***Inventory*** form approximately a month before it is due. The Court will calculate the inventory fee, which the estate must pay within one year of the date you became personal representative. Failure to file the inventory may lead to your suspension and\or the case being administratively closed.

You Must File A Notice Of Continued Administration Annually. The law requires you to file a ***Notice of Continued Administration*** form each year the estate is open – it is due on the anniversary of the date you became personal representative. The Court will send you a notice and a blank ***Notice of Continued Administration*** form approximately a month before it is due. Failure to file the form may lead to your suspension as personal representative and\or the case being administratively closed. FAX [(313) 967-4030] or mail the form to the following address:

Wayne County Probate Court, General Office
1307 Coleman A. Young Municipal Center
2 Woodward Ave.
Detroit, MI 48226

All Letters of Authority issued by the Wayne County Probate Court include an expiration date of 56 days after the fiduciary's qualification anniversary date. Updated copies of Letters of Authority are $12 each, and can be paid by cash, check or money order made payable to the Wayne County Probate Court. Mail your request, along with a self-addressed return envelope, to the address listed below. Letters of authority can also be paid for in person by MasterCard or Discover. JPMorgan Chase Bank will charge a convenience fee of 2.49% that will be added to your payment amount for each transaction completed (minimum charge of $3.95).

Tell The Court If Your Or The Address Of Any Interested Person And/Or Telephone Number Changes. If you fail to tell the court about an address and/or telephone number change for yourself or an interested person within 7 days, you could be suspended. FAX [(313) 967-4041] or mail the updated address and/or phone number information to:

Wayne County Probate Court, Document Processors
1307 Coleman A. Young Municipal Center
2 Woodward Ave.
Detroit, MI 48226

GUIDELINES FOR RECORD KEEPING BY PERSONAL REPRESENTATIVES

AFTER RECEIVING LETTERS OF AUTHORITY:

- File a change of address card with the Post Office to receive the decedent's mail.
- Create a file for the decedent.
- Keep the following documents in the decedent's file: all petitions, letters of authority, inventories, fiduciary bonds, notices of continued administration, accounts, guardian ad item (GAL) reports, and closing papers.

FINANCES AND RECORD KEEPING:

- There should be one bank account for the decedent with the following caption: "Estate of John Doe, deceased".
- When closing the decedent's account and opening a new one, keep all opening and closing documents.
- All checks payable to the decedent must be deposited into the bank account.
- Open all bank and other statements immediately to identify any irregularities.
- All checks must be hand signed by the fiduciary. Never use a signature stamp. Do not allow anyone else to sign checks. Keep in secure location.
- Keep a copy of all bank statements, checks written, and receipts.
- When closing the decedent's account and opening a new one, keep all closing documents.
- All spending must only be used for the administration of the estate (payment of claims, inventory fees, attorney fees, etc.) and\or payment of heirs or devisees for their share of the estate.
- If there is a question about expenditure, file a petition with the court to obtain court approval.
- Demand and obtain written bills before making a payment.
- Computerized records must be backed up and stored in at least one other location.

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APPENDIX H

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;

b. Your present address and state of residency;

c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;

d. Your date and place of birth;

e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

a. The total period of disability for which you claim these benefits, e.g., 1/1/90 to 2/1/90;
b. The total amount of wage loss no-fault benefits you claim to the date that you answer these Interrogatories;
c. On what daily, weekly, or monthly wage loss rate is your claim based.

ANSWER:

Allowable Expenses

26. Please state whether or not you have suffered any additional financial losses as a result of the incident complained of, other than those covered by the preceding Interrogatories; if so, please state the following:

a. The nature and the amount of such losses;
b. The date(s) thereof;
c. The names and addresses of any person(s) to whom any money so claimed as additional loss is paid or owing.

ANSWER:

27. Do you claim allowable medical expense no-fault benefits pursuant to MCL §500.3107(a) in this lawsuit?

ANSWER:

28. If your answer to Interrogatory 27 is yes, please provide the following information as to each doctor, hospital or person who has rendered medical services to you and list separately each medical expense claimed:

a. The name of the doctor, hospital or person rendering the medical service;
b. The total amount of medical expense benefits claimed for each doctor, hospital, etc.;
c. Dates of treatment;

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

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a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

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All records listed in answer to 54 plus the claim file and deposition transcript.

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

58. If you claim attendant care services pursuant to MCL §500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached

59. If you claim attendant care services pursuant to MCL §500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

$14.00

60. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;

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c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

See attached

61. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Hours performed times $14.00 an hour

62. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she claims in the case at bar.

ANSWER:

Pursuant to the doctor's orders

63. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

See answer to number 54

64. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached forms

65. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

Asked and answered.

66. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;
c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

Asked and answered.

67. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Asked and answered.

68. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she

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claims in the case at bar.

ANSWER:

Asked and answered.

69. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

Asked and answered.

Public Media

70. Please provide:

a. Your current email address;
b. Any and all former email addresses you have used for the past 3 years;
c. Any and all websites you maintain and/or domain names registered to you.

ANSWER:

unknown

71. Do you participate in any social or professional networking, blogging or Journaling website? Examples include but are not limited to: Face book, MySpace, LinkedIn, Webkinz, Classmates.com, Twitter, Friendster, and Blogger.com.

ANSWER:

no

72. If your answer to the previous interrogatory is yes, please provide a complete list of the website you use, and also provide:

a. Any and all names, user ID's, user names or email address for social and/or

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professional networking sites or blogs;

b. Please state which user name corresponds to which website;

c. How long you have used said website and/or blog;

d. The last date you logged into and/or updated said website;

ANSWER:

none

73. Please identify the owner of the vehicle you occupied at the time of the accident by name, address, phone number and relationship to you, if any.

a. Pursuant to MCR 2.310, please attach copies of each and every document or thing which supports your identification of the owner.

ANSWER:

See police report

74. Please provide the cell phone number and provider for your mobile communication equipment which was in effect on the date of the accident, and 30 days after the accident date.

ANSWER:
313-808-8611
Metro PCS

Medicaid/Medicare

75. Does Plaintiff qualify for Medicare/Medicaid benefits?

ANSWER:

yes

76. If so, has Plaintiff received Medicare/Medicaid benefits at any time since the incident at issue in this case? If yes, then state:

a. When Plaintiff and/or Medicare/Medicaid recipient first began to receive Medicare/Medicaid benefits;

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b. Is there a lien for the benefits received on Plaintiff and/or Medicare/Medicaid recipient's claim in this case;

c. Has this lawsuit been reported to the COBC;

d. Have you requested and/or received a Conditional Payment Letter?

   i. If a Conditional Payment Letter has been received, attach a copy of the letter to these Interrogatories pursuant to MCR 2.310.

   ii. What is the last treatment date for the claims included within the Conditional Payment Letter?

   iii. Are any charges included within the Conditional Payment Letter/Lien disputed? If so, please state:

      1. The amount of the disputed claims.
      2. The date of the disputed claims.
      3. The name and contact information for the treater whose claim is disputed.
      4. State with specificity, the reason that the claim is being disputed by Plaintiff and/or Medicare/Medicaid recipient;
      5. Whether any decision has been issued by Medicare/Medicaid regarding the disputed claim.

e. Has Plaintiff and/or Medicare/Medicaid recipient had any treatment since the Conditional Payment Letter was issued? If so, state:

   i. The date of said treatment;

   ii. Where this treatment was provided;

   iii. The name and contact information of the person and/or entity providing said treatment;

   iv. State with specificity, the nature of the treatment provided;

   v. Were there any costs associated with said treatment? If so, state:

      1. The total cost of said treatment;
      2. Who paid for the cost of this treatment;
      3. Attach a copy of the bills for said treatment pursuant to MCR 2.310.

ANSWER:

Asked and answered.

77. For the purposes of allowing Defendant to provide notice to CMMS, state:

a. Plaintiff and/or Medicare/Medicaid recipient's social security number;
b. Plaintiff and/or Medicare/Medicaid recipient's HICN Number;
c. Plaintiff and/or Medicare/Medicaid recipient's full name;
d. Whether Plaintiff and/or Medicare/Medicaid recipient's ever sought Medicare/Medicaid benefits under any other name. If so, please state each name under which benefits were sought and/or received;
e. Plaintiff and/or Medicare/Medicaid recipient's date of birth;
f. The date of the alleged incident giving rise to this Complaint;
g. The alleged cause of injury, accident or illness;
h. ICD-9 Diagnosis Code numbers (1) through (19), if applicable;
i. Plaintiff and/or Medicare/Medicaid recipient's attorney's law firm tax ID number.

ANSWER:
Asked and answered.

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78. Does the Plaintiff agree to voluntarily supplement Plaintiff's Answers to these Interrogatories as Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company become aware that the answers to each question set forth above either changes or if additional information is obtained by Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company.

ANSWER:

yes

STATE OF MICHIGAN)
)
COUNTY OF Oakland)

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.

Personal Representative of Charles Williamson

Subscribed and sworn to before me
this ____ day of _____, 2019.

_____
Notary Public

County of
State of Michigan
My commission expires:

Date: February 10, 2020

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4/10457 6/ Date of Loss: 10/13/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/A.M care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2018

Date 1 Hours:	Date 2 Hours:	Date 3 Hours:	Date 4 Hours:	Date 5 Hours:	Date 6 Hours:	Date 7 Hours:
Date 8 Hours:	Date 9 Hours:	Date 10 Hours:	Date 11 Hours:	Date 12 Hours:	Date 13 Hours:	Date 14 Hours:
Date 15 Hours:	Date 16 Hours:	Date 17 Hours:	Date 18 Hours:	Date 19 Hours:	Date 20 Hours:	Date 21 Hours:
Date 22 Hours:	Date 23 Hours:	Date 24 B, E, I Hours: 16	Date 25 B E I Hours: 16	Date 26 B E I Hours: 16	Date 27 B E I Hours: 16	Date 28 B E I Hours: 16
Date 29 B E I Hours: 16	Date 30 B E I Hours: 16	Date 31 B E I Hours: 16		—		

Signature: [signature] Date: 12/31/18

Total Hours: 128

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: January Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 1/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: February Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 Hours:	Date 30 Hours:	Date 31 Hours:				

Signature: [signature] Date: 2/28/19

Total Hours: 448

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: March Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: X Lirrice D Brown Date: 3/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 40104516 Date of Loss: 10/31/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: April Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 4/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
(i, l.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: May Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 5/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: June Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 6/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: July Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 7/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: August Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: X [signature] Date: 8/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: September Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 9/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: October Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 10/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: November Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: Lirrice D Brown Date: 11/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (_____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 12/31/19

Total Hours: 496

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

1/31/24
DATE

Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010f5161

2) The following household/replacement services have been provided for: Chanel Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

2/28/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4W104551601

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

3/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

4/21/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010ft5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

5/21/19
DATE

X Eunice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010FB1101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

6/30/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

7/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4000451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

8/31/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401024516 01

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Livrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

9/20/19
DATE

X Livrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010F5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

10/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010H5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

11/20/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401045101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

12/31/19
DATE

Lirrice D Brown
SIGNATURE OF CARE GIVER

APPENDIX I

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 12/1/2020 2:45 PM Monica Atkinson

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and, LATESHEA WILLIAMSON, as Personal Representatives for the Estate of Charles Williamson (deceased),

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

DEFENDANT, AAA OF MICHIGAN'S MOTION FOR SUMMARY DISPOSITION

NOW COMES Defendant, AAA OF MICHIGAN, by and through its attorneys, ANSELMI MIERZEJEWSKI RUTH & SOWLE P.C., and pursuant to MCR 2.116(C)(10), states as follows:

1. On October 22, 2020, Plaintiff Charles Williamson's personal representatives of his estate ("Plaintiff's Estate") filed this Complaint seeking no-fault benefits from AAA of Michigan ("Defendant") for injuries allegedly arising out an October 30, 2018 motor vehicle accident.

2. That in its Answers to Defendant's Interrogatories, Plaintiff claimed reimbursement of attendant care and replacement services that was allegedly performed after

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Plaintiff passed away. (**Exhibit A**- Plaintiff's Discovery Responses).[1]

3. That in its Answers to Defendant's Interrogatories, Plaintiff indicated that he is making a claim for replacement services and attendant care and to see attached documents. *Id.*

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;
b. The date or dates upon which said services were provided;
c. Specify the services performed on each date;
d. The amount of loss of services benefit you claim in regard to each person;
e. The amount of money which you have paid to each person in regard to said services;
f. The form of payment to each person, i.e., cash or check or by some other means;
g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

a-g Lirrice Brown. See attached services forms

Id.

[1] Defendant deleted irrelevant pages for brevity.

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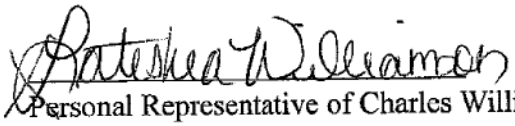
4. That the replacement services and attendant care calendars attached to Plaintiff's Interrogatory Answers indicate Plaintiff received these services in November and December, 2019.

5. That unfortunately, Plaintiff passed away on October 23, 2019. (**Exhibit B**-Plaintiff's Obituary).

6. That Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories indicating that she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id.

7. That therefore, Plaintiff has misrepresented information in support of his claim for No-Fault benefits and is ineligible for benefits.

8. *Mina v Gen Star Indemnity Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) held that "[a] statement is material if it is reasonably relevant to the insurer's investigation of a claim." (rev'd in part on other grounds).

9. The unpublished Michigan Court of Appeals decision in *McCune v Allstate Ins Co*, 2019 WL 137150 states that "facts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested" are material. (**Exhibit C**).

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10. MCL 500.3173a(4)[2] states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as a part of or in support of a claim to the Michigan Automobile Insurance Placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to penalties imposed under section 4511. A claim that contains or is supported by fraudulent insurance act as described in the section is ineligible for payment or benefits under the assigned claims plan.

11. The Michigan Court of Appeals in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) found a plaintiff was **completely barred from recovering any No-Fault benefits** pursuant to MCL 500.3173a(2) for fraudulently claiming attendant care that was never rendered.

12. That Plaintiff's estate knowingly presented material misrepresentations in support of Plaintiff's claim for benefits and is completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(4).

13. That pursuant to MCR 2.116(C)(10), summary disposition is appropriate where there is no genuine issue of material fact, and the moving party is entitled to judgment as a matter of law. MCR 2.116(C)(10).

14. That in this case, there is no genuine issue of material fact that Plaintiff was deceased when he allegedly received attendant care and replacement services in November and December, 2019. Thus, Plaintiff made material misrepresentations in support of his claim for No-Fault benefits, and Defendant is entitled to dismissal of Plaintiff's claim as a matter of law.

WHEREFORE, Defendant, AAA OF MICHIGAN, respectfully requests that this Honorable Court grant Defendant's Motion for Summary Disposition pursuant to MCR 2.116(C)(10) and enter an Order dismissing Plaintiff's case with prejudice. Moreover, Defendant

[2] MCL 500.3113a(4) is formerly MCL 500.3113a(2).

is entitled to reasonable costs and attorney fees incurred in having to defend this action under MCR 2.114(D), (E), and (F).

Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: November 12, 2020

By: /s/ Rita Arabo
Rita Arabo (P75183)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290

BRIEF IN SUPPORT

Introduction and Statement of Facts

On October 22, 2020, Plaintiff Charles Williamson's personal representatives of his estate ("Plaintiff") filed this Complaint seeking no-fault benefits from AAA of Michigan ("Defendant") for injuries allegedly arising out an October 30, 2018 motor vehicle accident. In its Answers to Defendant's Interrogatories, Plaintiff claimed reimbursement of attendant care and replacement services that were allegedly performed after Plaintiff passed away. (**Exhibit A**). In its Answers to Defendant's Interrogatories, Plaintiff indicated that he is making a claim for replacement services and attendant care and to see attached documents. *Id.* The replacement services and attendant care calendars attached to Plaintiff's Interrogatory Answers indicate Plaintiff received these services in November and December, 2019. Unfortunately, Plaintiff passed away on October 23, 2019. (**Exhibit B**). Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories indicating that she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**). Therefore, Plaintiff has misrepresented information

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in support of its claim for No-Fault benefits and is ineligible for benefits.

Standard of Review

A motion under MCR 2.116(C)(10) tests the factual sufficiency of the Complaint. In evaluating a motion brought under MCR 2.116(C)(10), a court considers pleadings, depositions, admissions and documentary evidence filed in the action or submitted in a light most favorable to the non-moving party. *Maiden v Rozwood*, 461 Mich 109 (1999). A trial court may grant the motion brought under MCR 2.116(C)(10) if there is no genuine issue with respect to any material facts, and the moving party is entitled to judgment as a matter of law. *Smith v Globe Life Ins Co*, 460 Mich 446 (1999). However, "[a] litigant's mere pledge to establish an issue of fact at trial cannot survive summary disposition under MCR 2.116(C)(10)." *Maiden*, 461 Mich at 121. The reviewing court should evaluate the motion by "considering the substantively admissible evidence actually proffered in opposition to the motion." *Id.* However, a mere promise to provide evidence to support a claim is insufficient. *Id.*

Argument

I. Plaintiff Made Material Misrepresentations In Support of His Claim for No-Fault Benefits, and As Such, Committed a Fraudulent Insurance Act Pursuant to MCL 500.3173a(4) and is Ineligible for Benefits

Defendant moves for summary disposition pursuant to the application of MCL 500.3173a(4), previously MCL 500.3173a(2), which states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan automobile insurance placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to the penalties imposed under section 4511. ***A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.*** [emphasis added].

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The Legislature has defined a fraudulent insurance act in MCL 500.4503, which states in pertinent parts:

> A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive . . .
>
> (c) Presents or causes to be presented to or by any insurer, any oral or written statement including computer-generated information as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false information concerning any fact or thing material to the claim.

Michigan Legislature has expressly stated in MCL 500.3173a that anyone who violates MCL 500.4503 is ineligible for benefits from an assigned claims insurer or the MACP. Plaintiff signed on his Application for Benefits the below fraud warning statements, acknowledging the risk he faced for committing fraudulent insurance acts:

Please note, if the top two boxes below are not acknowledged and the application is not signed and dated, the application will be considered incomplete and will be returned to the injured person or the preparer for further completion.

X I have reviewed the application in its entirety and attest that the information contained therein is true and accurate. If I am a medical provider and am submitting this application on behalf of the injured person, I attest that I have knowledge of the information provided, have thoroughly investigated and verified all documented information and have knowledge that all the information documented is true and accurate.

X I acknowledge I have read the following fraud warning:

FRAUD WARNING

A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan Automobile Insurance Placement Facility for payment or any other benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 of the insurance code that is subject to the penalties imposed under section 4511. A claim that contains or is **supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the Assigned Claims Plan.**

X I understand that if benefits are paid to me or for my benefit, the owner of the insured, uninsured vehicle will be financially responsible for reimbursement of all no fault benefits paid and costs associated with this claim pursuant to the Michigan No Fault Act.

X If I provided an email address, I understand that future correspondence and information regarding this claim may be exchanged via the email contact provided.

Signature of Injured Person or Representative	Printed Name of Injured Person or Representative	Date:
X Charles Williamson	X Charles Williamson	12/14/2018
Signature of Preparer (if different than above)	Printed Name of Preparer (if different than above)	Date:
X Kimberly Taylor	X Kimberly Taylor	12/14/2018

Who prepared this application? ☐ Injured Person ☐ Attorney ☒ Third Party Biller
☐ Parent ☐ Legal Guardian

Preparer Name and Company: The Lakeland Center

Address: 21400 Franklin Road

City: Southfield State: MI Zip Code: 48033

Phone Number: 248-350-8870

If the preparer is a medical provider: Do you have an assignment of benefits?
☒ Yes ☐ No If Yes, please attach.

Michigan Assigned Claims Plan
c/o Michigan Automobile Insurance Placement Facility
PO Box 582318
Livonia, MI 48155-2318
www.michacp.org Phone: 734-464-8111
Email: info@michacp.org
Fax: 734 744-8552

(**Exhibit C**- Application for Benefits).

a. The Information in Plaintiff's Attendant Care Claim Is Material to His

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Claim for No-Fault Benefits

"A statement is material if it is reasonably relevant to the insurer's investigation of a claim." *Mina v Gen Star Indem Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) (rev'd in part on other grounds). "[F]acts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested" are material to a claim for benefits. *McCune v Allstate Ins Co*, 2019 WL 137150. (**Exhibit C**). "An individual analysis based on the facts of each case is required, and where there is a question of fact as to any of the elements, summary disposition is improper." *Pitts v Doe*, 2018 WL 4002049, citing *Shelton v Auto-Owners Co*, 318 Mich App 648, 656, 659-660; 899 NW2d 744 (2017).

In this case, there is no question of fact whether Plaintiff's attendant care and replacement services claims are material to his claim for No-Fault benefits. These are services Plaintiff alleged he required as a result of his alleged injuries related to the alleged at-issue accident.

b. Plaintiff Knowingly Presented Materially False Information to the MAIPF and Defendant

This Honorable Court considered the fraud provision of MCL 500.3173a(2) in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) where it held that because the plaintiff knowingly made false and material statements in his replacement services calendars that were used to support a claim submitted to the MAIPF and its servicing insurer, a fraudulent insurance act was committed and the plaintiff was precluded from recovering ***any*** No-Fault benefits. *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017).

The plaintiff in *Candler* was struck by a hit-and-run driver. *Id*. at 775. The plaintiff was uninsured at the time of the accident and the identity of the driver was unknown. *Id*. Therefore, the

plaintiff made a claim with the MAIPF that was assigned to Farm Bureau, who eventually paid over $150,000 in No-Fault benefits. *Id*. at 776. The plaintiff submitted claims for replacement services in the form of service calendars for August, September, and October of 2015. *Id*. The calendars included the signature of the plaintiff's brother and alleged that he provided replacement services to the plaintiff during those months. *Id*. However, during the course of discovery, it was uncovered that the plaintiff did not receive replacement services from the alleged provider for several of the months that were submitted for payment. *Id*. In turn, Farm Bureau filed a motion for summary disposition arguing that the plaintiff's false statement precluded his recovery of any No-Fault benefits pursuant to MCL 500.3173a(2), which was denied at the trial level and reversed by this Honorable Court. *Id*.

On appeal, Farm Bureau argued that MCL 500.3173a(2) plainly indicates that the plaintiff was ineligible to receive ***any*** No-Fault benefits as a result of the forged signatures and false representation that services were performed by the provider. *Id*. at 778. This Honorable Court agreed with Farm Bureau and noted that, in order to qualify as part of a fraudulent insurance act, "***the false statement merely must have been presented 'as part of or in support of a claim for payment or another benefit."*** *Id*. at 784. As such, a person commits a fraudulent insurance act under the statute when the claimant (1) presents or causes to be presented an oral or written statement; (2) which is part of or in support of the claim for No-Fault benefits; (3) where the claim was submitted to the MAIPF; and (4) the person knows that the statement contained false information; and (5) the statement must have concerned a fact or thing material to the claim. *Id*. at 779-80.

This Honorable Court applied the interpretation of MCL 500.3173a(2) and held that there was no genuine issue of material fact that a fraudulent insurance act was committed when the

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calendars were submitted. The opinion also stated that although the claim was essentially assigned to Farm Bureau it was nonetheless being processed through the MAIPF. *Id*. at 781. This Honorable Court held that *"**[n]o reasonable jury could conclude that plaintiff . . . was not aware that he was submitting false information that was material to his claim for No-Fault benefits.***" *Id*. at 781-82 (emphasis added). Therefore, this Honorable Court concluded that Farm Bureau's Motion for Summary Disposition should have been granted as plaintiff was ineligible to recover ***any*** No-Fault benefits through the MAIPF or its servicing insurer pursuant to MCL 500.3173a(2).

An unpublished *per curiam* opinion in *Farrell v Farm Bureau Insurance*, No. 335979, 2017 WL 5759800, (Mich Ct App, November 28, 2017) held a plaintiff completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(2). (**Exhibit F**). In *Farrell*, the Court of Appeals held that the "***plaintiff's subsequent statements in support of that claim were false and clearly aimed at concealing the fact he was terminated***." This Honorable Court stated that it was clear that the plaintiff made a material misrepresentation regarding his wage loss claim the plaintiff clearly had knowledge that he was terminated at the time of his deposition testimony and further made misrepresentations in his answers to interrogatories to conceal the fact that he was terminated. This Honorable Court completely barred the plaintiff's recovery of any No-Fault benefits pursuant to MCL 500.3173a(2).

Farrell also clarified that the correct standard for analyzing fraud in an assigned claims lawsuit is MCL 500.3173a(2) – which **does not contain an intent element** – and not *Bahri v IDS Property Cas Ins*, 308 Mich App 420; 864 NW2d 609 (2014), the fraud standard under a *policy* lawsuit, which *does* contain an intent element. *Farrell* held that the trial court had erred in ruling that *Bahri* was applicable. This Honorable Court held that *Bahri* was distinguishable from the facts in *Farrell* as the former dealt with the application of a fraud exclusion provision in a No-Fault

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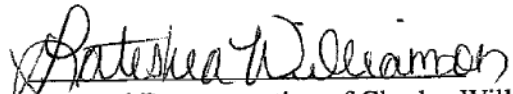
insurance policy. Conversely, the issue in *Farrell* was whether the plaintiff was entitled to recover No-Fault benefits through the MAIPF in light of the fraud provision of MCL 500.3173a(2). In short, this Honorable Court found that trial court had no business applying the fraud standard at play in *Bahri*, a policy lawsuit, to the facts of *Farrell*, an assigned claims lawsuit. This Honorable Court identified and analyzed the language of the fraud provision of MCL 500.3173a(2), the proper standard, and held that *a claimant who submits knowingly false information to the MAIPF in support of a claim for No-Fault benefits is entirely barred from recovery.*

Additionally the Court held that given the two fraud warnings the plaintiff acknowledged on his Application for Benefits, the plaintiff could not claim that he did not read the document and cannot claim ignorance as to the content of the application. The Court reasoned that "Michigan law presumes that one who signs a written agreement knows the nature of the instrument so executed and understands its contents." Galea v FCA US LLC, 323 Mich App 360, 369; 917 NW2d 694 (2018).

In this case, Plaintiff's representative of his estate signed its Answers to Defendant's Interrogatories indicating she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id.

She also signed the Application for Benefits indicated she acknowledged the two fraud warnings. There are no questions of fact whether Latshea Williamson knew Plaintiff was deceased when she

signed the Discovery Responses and Application for Benefits. Thus, Plaintiff knowingly submitted misrepresentations in support of its claim for No-Fault benefits to Defendant. Application of the facts of Plaintiff's misrepresentations to the MAIPF and Defendant demonstrate unequivocally that his estate is barred from receiving No-Fault benefits through an assigned servicing insurer of the MAIPF pursuant to MCL 500.3173a(2).

Conclusion

Plaintiff's Estate made misrepresentations in support of his claim for No-Fault benefits, which renders it in violation of MCL 500.3173a2 and bars it from collecting No-Fault benefits. No genuine issues of material fact exist—Plaintiff was deceased when his estate submitted the Application for Benefits and Answers to Defendant's Interrogatories and the estate knew this fact. Despite this, Plaintiff provided replacement services and attendant care calendars after Plaintiff was deceased.

WHEREFORE, Defendant, AAA of Michigan, respectfully requests that this Honorable Court grant Defendant's Motion for Summary Disposition pursuant to MCR 2.116(C)(10) and enter an Order dismissing Plaintiff's case with prejudice. Moreover, Defendant is entitled to reasonable costs and attorney fees incurred in having to defend this action under MCR 2.114(D), (E), and (F).

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Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: November 12, 2020

By: /s/ Rita Arabo
Rita Arabo (P75183)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290

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EXHIBIT A

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;

b. Your present address and state of residency;

c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;

d. Your date and place of birth;

e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

a. The total period of disability for which you claim these benefits, e.g., 1/1/90 to 2/1/90;
b. The total amount of wage loss no-fault benefits you claim to the date that you answer these Interrogatories;
c. On what daily, weekly, or monthly wage loss rate is your claim based.

ANSWER:

Allowable Expenses

26. Please state whether or not you have suffered any additional financial losses as a result of the incident complained of, other than those covered by the preceding Interrogatories; if so, please state the following:

a. The nature and the amount of such losses;
b. The date(s) thereof;
c. The names and addresses of any person(s) to whom any money so claimed as additional loss is paid or owing.

ANSWER:

27. Do you claim allowable medical expense no-fault benefits pursuant to MCL §500.3107(a) in this lawsuit?

ANSWER:

28. If your answer to Interrogatory 27 is yes, please provide the following information as to each doctor, hospital or person who has rendered medical services to you and list separately each medical expense claimed:

a. The name of the doctor, hospital or person rendering the medical service;
b. The total amount of medical expense benefits claimed for each doctor, hospital, etc.;
c. Dates of treatment;

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

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a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

All records listed in answer to 54 plus the claim file and deposition transcript.

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

58. If you claim attendant care services pursuant to MCL §500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached

59. If you claim attendant care services pursuant to MCL §500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

$14.00

60. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;

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c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

See attached

61. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Hours performed times $14.00 an hour

62. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she claims in the case at bar.

ANSWER:

Pursuant to the doctor's orders

63. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

See answer to number 54

64. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached forms

65. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

Asked and answered.

66. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;
c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

Asked and answered.

67. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Asked and answered.

68. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she

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claims in the case at bar.

ANSWER:

Asked and answered.

69. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

Asked and answered.

Public Media

70. Please provide:

a. Your current email address;
b. Any and all former email addresses you have used for the past 3 years;
c. Any and all websites you maintain and/or domain names registered to you.

ANSWER:

unknown

71. Do you participate in any social or professional networking, blogging or Journaling website? Examples include but are not limited to: Face book, MySpace, LinkedIn, Webkinz, Classmates.com, Twitter, Friendster, and Blogger.com.

ANSWER:

no

72. If your answer to the previous interrogatory is yes, please provide a complete list of the website you use, and also provide:

a. Any and all names, user ID's, user names or email address for social and/or

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professional networking sites or blogs;

b. Please state which user name corresponds to which website;

c. How long you have used said website and/or blog;

d. The last date you logged into and/or updated said website;

ANSWER:

none

73. Please identify the owner of the vehicle you occupied at the time of the accident by name, address, phone number and relationship to you, if any.

a. Pursuant to MCR 2.310, please attach copies of each and every document or thing which supports your identification of the owner.

ANSWER:

See police report

74. Please provide the cell phone number and provider for your mobile communication equipment which was in effect on the date of the accident, and 30 days after the accident date.

ANSWER:
313-808-8611
Metro PCS

Medicaid/Medicare

75. Does Plaintiff qualify for Medicare/Medicaid benefits?

ANSWER:

yes

76. If so, has Plaintiff received Medicare/Medicaid benefits at any time since the incident at issue in this case? If yes, then state:

a. When Plaintiff and/or Medicare/Medicaid recipient first began to receive Medicare/Medicaid benefits;

b. Is there a lien for the benefits received on Plaintiff and/or Medicare/Medicaid recipient's claim in this case;

c. Has this lawsuit been reported to the COBC;

d. Have you requested and/or received a Conditional Payment Letter?

   i. If a Conditional Payment Letter has been received, attach a copy of the letter to these Interrogatories pursuant to MCR 2.310.

   ii. What is the last treatment date for the claims included within the Conditional Payment Letter?

   iii. Are any charges included within the Conditional Payment Letter/Lien disputed? If so, please state:

      1. The amount of the disputed claims.
      2. The date of the disputed claims.
      3. The name and contact information for the treater whose claim is disputed.
      4. State with specificity, the reason that the claim is being disputed by Plaintiff and/or Medicare/Medicaid recipient;
      5. Whether any decision has been issued by Medicare/Medicaid regarding the disputed claim.

e. Has Plaintiff and/or Medicare/Medicaid recipient had any treatment since the Conditional Payment Letter was issued? If so, state:

   i. The date of said treatment;

   ii. Where this treatment was provided;

   iii. The name and contact information of the person and/or entity providing said treatment;

   iv. State with specificity, the nature of the treatment provided;

   v. Were there any costs associated with said treatment? If so, state:

      1. The total cost of said treatment;
      2. Who paid for the cost of this treatment;
      3. Attach a copy of the bills for said treatment pursuant to MCR 2.310.

ANSWER:

Asked and answered.

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77. For the purposes of allowing Defendant to provide notice to CMMS, state:

a. Plaintiff and/or Medicare/Medicaid recipient's social security number;
b. Plaintiff and/or Medicare/Medicaid recipient's HICN Number;
c. Plaintiff and/or Medicare/Medicaid recipient's full name;
d. Whether Plaintiff and/or Medicare/Medicaid recipient's ever sought Medicare/Medicaid benefits under any other name. If so, please state each name under which benefits were sought and/or received;
e. Plaintiff and/or Medicare/Medicaid recipient's date of birth;
f. The date of the alleged incident giving rise to this Complaint;
g. The alleged cause of injury, accident or illness;
h. ICD-9 Diagnosis Code numbers (1) through (19), if applicable;
i. Plaintiff and/or Medicare/Medicaid recipient's attorney's law firm tax ID number.

ANSWER:
Asked and answered.

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78. Does the Plaintiff agree to voluntarily supplement Plaintiff's Answers to these Interrogatories as Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company become aware that the answers to each question set forth above either changes or if additional information is obtained by Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company.

ANSWER:

yes

STATE OF MICHIGAN)
)
COUNTY OF Oakland)

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.

Personal Representative of Charles Williamson

Subscribed and sworn to before me
this ____ day of _____, 2019.

_____
Notary Public

County of
State of Michigan
My commission expires:

Date: February 10, 2020

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4/10457 6/ Date of Loss: 10/13/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/A.M care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2018

Date 1 Hours:	Date 2 Hours:	Date 3 Hours:	Date 4 Hours:	Date 5 Hours:	Date 6 Hours:	Date 7 Hours:
Date 8 Hours:	Date 9 Hours:	Date 10 Hours:	Date 11 Hours:	Date 12 Hours:	Date 13 Hours:	Date 14 Hours:
Date 15 Hours:	Date 16 Hours:	Date 17 Hours:	Date 18 Hours:	Date 19 Hours:	Date 20 Hours:	Date 21 Hours:
Date 22 Hours:	Date 23 Hours:	Date 24 B, E, I Hours: 16	Date 25 B E I Hours: 16	Date 26 B E I Hours: 16	Date 27 B E I Hours: 16	Date 28 B E I Hours: 16
Date 29 B E I Hours: 16	Date 30 B E I Hours: 16	Date 31 B E I Hours: 16		—		

Signature: [signature] Date: 12/31/18

Total Hours: 128

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: January Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 1/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: February Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 Hours:	Date 30 Hours:	Date 31 Hours:				

Signature: [signature] Date: 2/28/19

Total Hours: 448

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: March Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 3/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 40104S161 Date of Loss: 10/31/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: April Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 4/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: May Year: 2019

Date 1 BEI Hours: 16	Date 2 BEI Hours: 16	Date 3 BEI Hours: 16	Date 4 BEI Hours: 16	Date 5 BEI Hours: 16	Date 6 BEI Hours: 16	Date 7 BEI Hours: 16
Date 8 BEI Hours: 16	Date 9 BEI Hours: 16	Date 10 BEI Hours: 16	Date 11 BEI Hours: 16	Date 12 BEI Hours: 16	Date 13 BEI Hours: 16	Date 14 BEI Hours: 16
Date 15 BEI Hours: 16	Date 16 BEI Hours: 16	Date 17 BEI Hours: 16	Date 18 BEI Hours: 16	Date 19 BEI Hours: 16	Date 20 BEI Hours: 16	Date 21 BEI Hours: 16
Date 22 BEI Hours: 16	Date 23 BEI Hours: 16	Date 24 BEI Hours: 16	Date 25 BEI Hours: 16	Date 26 BEI Hours: 16	Date 27 BEI Hours: 16	Date 28 BEI Hours: 16
Date 29 BEI Hours: 16	Date 30 BEI Hours: 16	Date 31 BEI Hours: 16				

Signature: [signature] Date: 5/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: June Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 6/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: July Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 7/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: August Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 8/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: September Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 9/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: October Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 10/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: November Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: Lirrice Brown Date: 11/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (_____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 12/31/19

Total Hours: 496

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401045101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lince Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

1/31/24
DATE

Lince D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401015101

2) The following household/replacement services have been provided for: Chanel Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

2/28/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4W104551601

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

3/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

4/21/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010ft5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Janice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

5/21/19
DATE

X Janice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010FB1101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

6/30/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

7/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4000451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

8/31/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401024516 01

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Livrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

9/20/19
DATE

X Livrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010F5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

10/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010H5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

11/20/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401045101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

12/31/19
DATE

Lirrice D Brown
SIGNATURE OF CARE GIVER

EXHIBIT B

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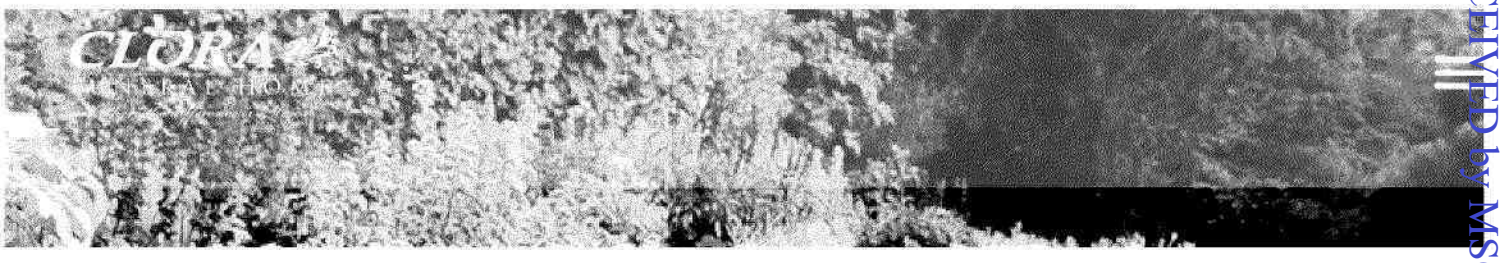
Detroit East: (313) 368-0100 River Rouge: (313) 843-0100 Detroit West: (313) 914-3334





Send Beautiful Flowers

Share a Memory

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MR. CHARLES WILLIAMSON

January 22, 1959 - October 23, 2019

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The family of MR. CHARLES WILLIAMSON created this Life Tributes page to make it easy to share your memories.

Obituary & Service
No obituary.
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Share a Memory Below
A comforting word from you means a lot.
Share a Memory

Flowers & Gifts
Send flowers to the WILLIAMSON's family.
Send Flowers

Tribute Wall | Photos & Videos | **Family Dates** | + More

Birthdays

CHARLES WILLIAMSON	Jan 22, 1959 - Oct 23, 2019	60 years

Anniversaries

No anniversaries yet.
You can contribute with this family by adding members and growing this family tree.

EXHIBIT C

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2019 WL 137150
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UNPUBLISHED OPINION. CHECK COURT RULES BEFORE CITING.

UNPUBLISHED
Court of Appeals of Michigan.

Emmanuel MCCUNE, Jr., Plaintiff-Appellant,
and
Northland Radiology, Inc., Excellent Pain Consultants, Inc., and Evoke Medical Services, Inc., Intervening Plaintiffs,
v.
ALLSTATE INSURANCE COMPANY, Defendant-Appellee.

No. 340476
|
January 8, 2019

Wayne Circuit Court, LC No. 16-006823-NF

Before: Murray, C.J., and Shapiro and Riordan, JJ.

Opinion

Per Curiam.

***1** In this action for personal protection insurance (PIP) benefits under the no-fault act, MCL 500.3101 *et seq.*, plaintiff[1] appeals as of right the trial court's orders granting defendant's motion for summary disposition, and denying his motion for reconsideration. We affirm.

I. FACTS AND PROCEDURAL HISTORY

On November 4, 2015,[2] plaintiff was hit by a vehicle while riding his bicycle. As plaintiff had no automobile insurance and could not identify the driver of the vehicle, he filed an application for PIP benefits with the Michigan Automobile Insurance Placement Facility (MAIPF) on November 30, 2015, and his claim was assigned to defendant through the Michigan Assigned Claims Plan (MACP). When defendant refused to pay the benefits requested, plaintiff filed the instant action on May 31, 2016, claiming that he suffered bodily injury in the November 2015 accident and was entitled to payment for all necessary medical and hospital expenses.

Defendant subsequently moved for summary disposition of plaintiff's complaint pursuant to MCR 2.116(C)(10), asserting that plaintiff was ineligible for benefits under MCL 500.3173a, the no-fault provision that governs claims made to the MAIPF, because he committed multiple fraudulent insurance acts in support of his claim. In response, plaintiff argued that to be successful on its motion for summary disposition, defendant had to demonstrate both knowledge and an intent to defraud, which it failed to do. Specifically, he asserted that the inconsistencies alleged were minor and immaterial to his claim for benefits, and that defendant did not detrimentally rely on the inconsistent statements. Ultimately, the trial court granted defendant's motion for summary disposition and dismissed plaintiff's complaint, determining that he committed multiple fraudulent insurance acts contrary to MCL 500.3173a(2) because it was undisputed that: (1) he failed to disclose preexisting injuries from a prior bus accident in his application for benefits, (2) his description of the November 2015 accident to his doctor and at his deposition did not comport with the EMS and traffic crash reports, or the testimony of his caretaker, (3) Facebook posts contradicted the disabilities he allegedly faced as a result of the injuries sustained in the accident, and (4) he provided an incorrect home address at his deposition. Plaintiff then filed a motion for reconsideration, which the trial court also denied.

II. ANALYSIS

"We review a trial court's decision on a motion for summary disposition under MCR 2.116(C)(10) de novo." *Candler v. Farm Bureau Mut Ins. Co. of Mich.*, 321 Mich. App. 772, 777; 910 N.W.2d 666 (2017). A motion under MCR 2.116(C)(10) tests the factual sufficiency of a complaint. *Id.* "In evaluating a motion for summary disposition brought under this subsection, a trial court considers affidavits, pleadings, depositions, and admissions, and other evidence submitted by the parties in the light most favorable to the party opposing the motion." *Id.* (quotation marks and citations omitted). " 'The moving party has the initial burden of supporting its position with documentary evidence, but once the moving party meets its burden, the burden shifts to the nonmoving party to establish that a genuine issue of disputed fact exists.' " *McNeill-Marks v. MidMichigan Med. Ctr.-Gratiot*,

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316 Mich. App. 1, 15; 891 N.W.2d 528 (2016) (citation omitted); see also MCR 2.116(G)(4). "A genuine issue of material fact exists when, viewing the evidence in a light most favorable to the nonmoving party, the record which might be developed ... would leave open an issue upon which reasonable minds might differ." *Bonner v. City of Brighton*, 495 Mich. 209, 220; 848 N.W.2d 380 (2014) (quotation marks and citation omitted). Questions of statutory interpretation are also reviewed de novo. *Candler*, 321 Mich. App. at 777.

***2** We hold that the trial court did not err when it granted defendant's motion for summary disposition. From the evidence presented, no reasonable jury could conclude that the inaccurate and inconsistent statements plaintiff made in support of his claim for benefits amounted to anything other than fraudulent insurance acts under MCL 500.3173a(2).[3]

MCL 500.3173a provides:

> (1) The [MAIPF] shall make an initial determination of a claimant's eligibility for benefits under the assigned claims plan and shall deny an obviously ineligible claim. The claimant shall be notified promptly in writing of the denial and the reasons for the denial.
>
> (2) A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the [MAIPF] for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under [MCL 500.4503] that is subject to the penalties imposed under [MCL 500.4511]. A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.

Although the plain language of MCL 500.3173a contains no element of intent, plaintiff cites the statute's reference to MCL 500.4503, as well as the elements of fraud as set forth in *Foreman v. Foreman*, 266 Mich. App. 132, 141; 701 N.W.2d 167 (2005),[4] to argue that defendant had to demonstrate both knowledge and an intent to defraud for his claim of benefits to be ineligible under MCL 500.3173a(2). MCL 500.4503 lists acts which, if performed with knowledge and the intent to defraud, constitute fraudulent insurance acts.[5] However, this element of intent is not incorporated into MCL 500.3173a simply by virtue of the statute's reference to MCL 500.4503. Rather, MCL 500.3173a(2) only references MCL 500.4503 to indicate that an individual may also commit a fraudulent insurance act if he or she fulfills the requirements stated, i.e., presents a statement in support of a claim to the MAIPF knowing the statement contains false information material to the claim. The plain language of MCL 500.4503 supports this conclusion, as it explicitly states that "[a] fraudulent insurance act includes, but is not limited to" those acts mentioned in the statute. Additionally, the elements of fraud as set forth in *Foreman*, 266 Mich. App. at 141, are inapplicable here. That case involved fraudulent misrepresentation in a divorce action, *id.* at 134, not a fraudulent insurance act under MCL 500.3173a(2).

***3** Indeed, this Court recently clarified that a person commits a fraudulent insurance act under MCL 500.3173a(2)

> when (1) the person presents or causes to be presented an oral or written statement, (2) the statement is part of or in support of a claim for no-fault benefits, and (3) the claim for benefits was submitted to the MAIPF. Further, (4) the person must have known that the statement contained false information, and (5) the statement concerned a fact or thing material to the claim. [*Candler*, 321 Mich. App. at 779-780.]

Additionally, "MCL 500.3173a(2) does not require that any particular recipient have received the false statement in order for the act to qualify as a fraudulent insurance act, as long as the statement was used 'as part of or in support of a claim to the [MAIPF].' " *Id.* at 780 (alteration in original).

The evidence defendant presented with its motion for summary disposition demonstrates that plaintiff made multiple statements that he knew contained false information in support of his claim for PIP benefits. First, plaintiff knowingly misrepresented the circumstances of the November 2015 accident itself. At his deposition, plaintiff testified that he never saw the vehicle involved, lost consciousness when struck, and remained on the ground until the ambulance arrived at the scene.[6] Similarly, according to the consultation notes of the doctor from whom plaintiff sought treatment after the accident, plaintiff indicated that he lost consciousness and awoke in the hospital. Yet the EMS and State of Michigan traffic crash reports, as well as the testimony of William Thomas, plaintiff's supposed caregiver, directly contradict plaintiff's statements. The EMS report, for example, states that plaintiff walked home following the accident and dialed 911 from his residence, while the traffic crash report provides that plaintiff walked home from the accident where he was met by medics, and was able to

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describe the vehicle that struck him. Further, Thomas testified at his deposition that he lived with plaintiff in November 2015, and that on the day of the accident, he was sitting on the porch when plaintiff came down the street limping. It was Thomas's stepdaughter that dialed 911.

Plaintiff asserts that he just could not remember where EMS picked him up and, thus, "the Trial Court erred in simply concluding that this was evidence that [he] was being dishonest instead of recognizing that there was a question of fact." But on the basis of the evidence described above, no reasonable jury could conclude that plaintiff was simply mistaken regarding his actions after the accident. He clearly stated, to his doctor and at his deposition, that he was knocked unconscious and unable to walk home after the accident, when the reports and witness testimony indicate the opposite. Nor do we find merit in plaintiff's argument that the EMS pick-up location is immaterial to his claim for benefits. His false statements relate not just to the location of the ambulance, but to the severity of the accident and the injuries he suffered as a result, facts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested. See *Bahri v. IDS Prop. Cas. Ins. Co.*, 308 Mich. App. 420, 425; 864 N.W.2d 609 (2014) ("A statement is material if it is reasonably relevant to the insurer's investigation of a claim.") (quotation marks and citation omitted).[7]

***4** Similarly, plaintiff knowingly omitted information regarding preexisting injuries in his application for benefits, which may have impeded defendant's investigation of plaintiff's claim. In plaintiff's application for benefits to the MACP, he checked the box "Not Applicable" in response to the question "Had you sought treatment for any prior conditions before this accident?" However, at his deposition, plaintiff acknowledged injuring his back and right leg in March 2014, when a bus he was riding on "smacked into" something.

Plaintiff argues that the failure to acknowledge his injuries from the March 2014 bus accident in his application for benefits was a simple mistake, but the evidence presented overwhelmingly supported the trial court's finding that he knowingly excluded this information. Medical records from 2014 attached to defendant's motion for summary disposition show that plaintiff sought substantial treatment for these injuries. And plaintiff filed for Social Security Disability as a result of his injuries.[8] Thus, the evidence demonstrates that the prior accident greatly impacted plaintiff's life, and no reasonable jury could conclude that it was mistakenly excluded from his application for benefits. Moreover, the information was material to plaintiff's claim for benefits, especially considering that he suffered back injuries in both accidents.

Plaintiff's argument that defendant could not have detrimentally relied on his inaccurate statement in the application for benefits because he disclosed the 2014 accident throughout discovery, also fails. MCL 500.3173a(2) does not require that an insurance provider detrimentally rely on a claimant's false statements. See *Candler*, 321 Mich. App. at 779-780.

Because we have concluded that plaintiff's misrepresentations regarding the circumstances of the accident and his preexisting injuries constitute fraudulent insurance acts, and no reasonable jury could conclude otherwise, we need not address the trial court's conclusions with regard to plaintiff's address or the disabilities he allegedly suffered as a result of the November 2015 accident. Plaintiff is ineligible for benefits under MCL 500.3173a, and the trial court properly granted summary disposition. Affirmed.

Shapiro, J. (concurring).

I concur in the result because the evidence leaves no doubt that plaintiff did not inform defendant of his 2014 auto accident and injuries resulting from it. Given that he was engaged in litigation regarding the 2014 accident at the time he made the instant claim and has not proffered *any* reason for the failure to disclose it, I conclude that a reasonable jury would have to find that plaintiff made an intentional misrepresentation. In other words, there is unrebutted evidence that plaintiff knowingly, i.e., intentionally, failed to provide requested information of his prior accident and the corresponding injuries.

I disagree, however, with several aspects of the majority opinion. The majority largely focuses on differences between plaintiff's deposition testimony and the crash and EMS reports. Specifically, there was a discrepancy between the testimony and the reports as to where the ambulance picked plaintiff up. Yet this is of little, if any, material consequence and there is no evidence that plaintiff's statement was made with intent to defraud rather than due to confusion or lack of memory following a traumatic event. The same can be said about the other inconsistences pertaining to details of the accident. The purpose of the statute excluding coverage when there is fraud is to prevent and punish real fraud, not

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to create a "gotcha" situation by which an insurer can avoid coverage simply by producing some evidence of a possible misstatement by a claimant who had no fraudulent intent; it certainly was not intended to allow insurers to monitor every action and word of an insured and then to proclaim the existence of fraud where any inconsistency is found.

Nor do I find that plaintiff's social media postings demonstrate, at least beyond a question of fact, that he was engaged in any other material misrepresentations. For instance, a video shows plaintiff walking for a very few minutes, which he has never claimed he cannot do. Only plaintiff's face is visible and there is no evidence of his gait or the presence or absence of a cane or brace. And plaintiff testified that he does not always use such devices. For those reasons, the video is not evidence, let alone conclusive evidence, that plaintiff misrepresented his condition.

Defendant also points to plaintiff's statement in a social media posting that he received a raise. However, there is no information about the nature of that work, e.g., whether it was physically demanding, the hours involved, etc. More to the point, plaintiff has not made a wage-loss claim. Plaintiff also posted a photograph of some equipment with a comment that he is at "the gym." This is not conclusive evidence of anything. Plaintiff explained that the location was his physical therapy clinic and, in any event, going to a gym does not demonstrate a lack of injury.

I also disagree with the majority's view that fraudulent intent need not be shown. The requirements to prove fraud are well settled and have been applied in cases of all types for decades. See e.g., *Hi-Way Motor Co. v. Int'l. Harvester Co.*, 398 Mich. 330, 336; 247 N.W.2d 813 (1976). I see no basis to conclude that these standards should not be applied in this or any no-fault case. Further, MCL 500.3173a should be read together with MCL 500.4503 given that they relate to the same subject matter, *SBC Health Midwest, Inc. v. Kentwood*, 500 Mich. 65, 539 n 26; 894 N.W.2d 535 (2017), and that the former expressly refers to the latter, see *McCahan v. Brennan*, 492 Mich. 730, 741-742; 822 N.W.2d 747 (2012). Moreover, the terms of MCL 500.3173a require that the claimant knowingly made a false statement material to the claim. I do not see how this is distinct from the scienter requirement that has always been required to show fraud. Under the majority's view, a mere misstatement can result in denial of PIP benefits even if there is no dispute that the individual was injured in a motor-vehicle accident and received reasonably necessary care and treatment. Such a harsh interpretation of the statute clearly runs against the text and purpose of the no-fault act. See *Iqbal v. Bristol West Ins. Group*, 278 Mich. App. 31, 37; 748 N.W.2d 574 (2008) ("The purpose of the Michigan no-fault act is to broadly provide coverage for those injured in motor vehicle accidents without regard to fault.").

As alluded to above, the majority appears to suggest that even if there is a question of material fact, defendant is entitled to summary disposition because it has some evidence to support its position. The majority barely touches upon plaintiff's evidence—which includes his own testimony—and dismisses that evidence based on its view that defendant has stronger evidence. However, weighing the comparative strength of each side's evidence is plainly inconsistent with court rules. It is axiomatic that when deciding a motion for summary disposition, a court must consider the pleadings, affidavits, depositions, admissions and other documentary evidence submitted in the light most favorable to the *nonmoving* party, MCR 2.116(G)(5); *Joseph v. Auto Club Ins. Ass'n.*, 491 Mich. 200, 206; 815 N.W.2d 412 (2012), and that all reasonable inferences are to be drawn in favor of the *nonmovant*, *Dextrom v. Wexford Co.*, 287 Mich. App. 406, 415; 789 N.W.2d 211 (2010).

I agree with the majority that plaintiff's failure to disclose the 2014 accident and injuries constitutes an intentional misrepresentation. However, I would conclude that the remaining evidence presents a question of fact as to whether plaintiff committed fraud.

All Citations

Not Reported in N.W. Rptr., 2019 WL 137150

Footnotes

1 The intervening plaintiffs are not parties to this appeal. We refer to Emmanuel McCune, Jr. only as plaintiff throughout this opinion.

2 Plaintiff's application for PIP benefits lists the accident date as November 6, but his complaint as well as the EMS and State of Michigan traffic crash reports list November 4, 2015.

3 As a result, the trial court also did not abuse its discretion in denying plaintiff's motion for reconsideration.

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4 *Foreman*, 266 Mich. App. at 141 states, "To establish a claim of fraudulent misrepresentation, plaintiff was required to prove that: (1) defendant made a material representation; (2) the representation was false; (3) defendant knew, or should have known, that the representation was false when making it; (4) defendant made the representation with the intent that plaintiff rely on it; (5) and plaintiff acted on the representation, incurring damages as a result."

5 For example, MCL 500.4503(a) provides:
A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive:
(a) Presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer or any agent of an insurer, or any agent of an insurer, reinsurer, or broker any oral or written statement knowing that the statement contains any false information concerning any fact material to an application for the issuance of an insurance policy.

6 Further, when asked if EMS definitely picked him up from the scene, plaintiff said, "I think so," and when asked if he was unable to walk home after the accident, plaintiff said, "I think, yes."

7 We recognize that *Bahri* involved a claim for benefits under an insurance policy containing a fraud exclusion provision, *Bahri*, 308 Mich. App. at 423-426, and not a claim for benefits to the MAIPF under MCL 500.3173a, but see no reason why the *Bahri* Court's definition of materiality should not apply in this context.

8 Defendant also alleged in its motion for summary disposition that plaintiff was involved in a lawsuit related to the bus accident, which he denied at his deposition, but failed to attach the Register of Actions it included with its brief on appeal to the motion below. However, the trial court found that plaintiff had another lawsuit pending related to the 2014 accident, and plaintiff does not challenge this finding on appeal.

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APPENDIX J

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of CHARLES WILLIAMSON (deceased),
Plaintiffs,

vs.

Case No.: 19-014047-NF
Hon. Muriel Hughes

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,
Defendants,

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiffs
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Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
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mendress@a-mlaw.com

PLAINTIFF'S RESPONSE TO DEFENDANT'S MOTION FOR SUMMARY DISPOSITION

NOW COMES THE Plaintiff, by and through her lawyer, The Law Office of Carl Collins III, and submits the following response to Defendant's motion for summary disposition:

1. Admit
2. Deny, Plaintiff, by and through their counsel produced answers in compliance with the Michigan Rules of Court and in response to Defendant's discovery request that demanded all documents within their possession and control concerning the issue of attendant care; and said forms were created before the death of CHARLES WILLIAMSON and held by

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Plaintiff's counsel, and said forms were not submitted to Defendant's claim adjuster or said insurance company. [Exhibit one]

3. Deny in part, as the Plaintiff does not indicate in its answers 30, 31, or 57 the dates of the services requested, as it is obvious from the NOTICE OF DEATH and ORDER TO AMEND CAPTION to add the Personal Representative of the Estate of Charles Williamson that all benefits ended upon his death. And said discovery production was filed after the filing of the NOTICE OF DEATH and ORDER TO AMEND CAPTION. [Exhibits two, three and four]
4. Deny, the attendant care forms were part of all forms within the possession and control the Plaintiffs, by and though their representative law, that were demanded by the Defendant through its discovery pleadings. [Exhibit one]
5. Admit.
6. Admit, and said discovery responses with the requested discovery were filed after the filing of the NOTICE OF DEATH and ORDER TO AMEND CAPTION. [Exhibit four]
7. Deny, that Plaintiff did not intentionally make a claim for damages after October 23, 2019, the death of Charles Williamson.
8. Deny, as not applicable because no attendant forms for services after October 23, 2019 were submitted to the Defendant's insurance adjuster or company – see Defendant's claim file; but only to Defendant's counsel as a production of any and all documents within its possession or control. [Exhibit 5 - pay log, Defendant has failed to produce its claim file]
9. Deny, as not applicable because no attendant forms for services after October 23, 2019 were submitted to the Defendant's insurance adjuster or company – see Defendant's

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claim file; but only to Defendant's counsel as a production of any and all documents within its possession or control. [Exhibit 5 - pay log, Defendant has failed to produce its claim file]

10. Deny in part, as not applicable; as the attendant care forms were not submitted for any purpose other that to comply with discovery.
11. Deny as not applicable. In *Candler*, the plaintiff submitted forms to the adjuster / insurance company, wherein at bar, the Plaintiff did not submit attendant care forms to the adjuster / insurance company; but produced, as requested, all documents within their possession and control.
12. Deny, as the estate only knowingly produced and did not withhold all documents within its possession and control, as full disclosure is required under the Michigan Rules of Court.
13. Deny, as Mr. Larice Brown, the care provider, testified that he did not submit forms after the date of death, nor provide attendant care after the death of Charles Williamson, and such is contrary to Defendants' assertions creating a question of fact, in addition to these responsive pleadings and its exhibits leave facts to be left for the fact finder [Exhibit 6 – pg 32, ln 21 through pg 33, ln4]

WHEREFORE Plaintiff pray that is Honorable Court deny Defendants' motion for summary disposition.

Respectfully Submitted,
by: /s/Carl L. Collins III
Carl L. Collins, III (P55982)
Attorneys for Plaintiff

Dated: December 13, 2020

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of CHARLES WILLIAMSON (deceased),
Plaintiffs,

vs.

Case No.: 19-014047-NF
Hon. Muriel Hughes

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,
Defendants,
_____/

PLAINTIFF'S BRIEF IN RESPONSE TO

DEFENDANT'S MOTION FOR SUMMARY DISPOSITION

NOW COMES THE Plaintiff, by and through her lawyer, The Law Office of Carl Collins III, and submits the following authority in response to Defendant's motion for summary disposition:

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Defendant's discovery request begins:

NOW COMES Defendants, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, by and through its attorneys, ANSELMI MIERZEJEWSKI RUTH & SOWLE P.C., and in accordance with MCR 2.309, submits the following Interrogatories to be answered in writing and under oath within 28 days.

The Answers to Interrogatories shall contain such information as is available to the Plaintiff or could be obtained by the Plaintiff from employers, agents, representatives, sureties or indemnitors. [Exhibit one]

The second paragraph to the above introductory instruction to Defendants' discovery interrogatory demands that the Plaintiffs produce all information within its possession and control by its representatives. The Plaintiffs have predated forms completed before the death of Charles Williamson and produced said forms to their attorney. Upon being served with Defendants discovery request, the Plaintiffs and their counsel were duty bound to produce said discovery. Unscrupulously, the Defendants turns its back to its own discovery request and attempts to create a baseless fiction of misrepresentation.

The Defendant have failed to support its allegations with the best evidence – the claim file. It is absent attendant forms reflecting services after October 23, 2019, the death of Charles Williamson. After the Notice of Death and the Order of Substitution of the Plaintiff, the Plaintiffs filed discovery with the good faith intention of following the instructions of the Defendants, and that was to produce all items within the possession and control – including that of its

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representatives. It was Plaintiff's counsel that was in possession of the predated attendant care forms created before October 23, 2019.

The Michigan Court of Appeals has recently address an identical issue in the case *of* Samer Bahnam, et al. vs. Farm Bureau General Insurance Company of Michigan et al, Michigan Court of Appeals, Case No. 347368 (October 15, 2020) unpublished. In *Baham*, there was deposition testimony that the defendant alleges was a misrepresentation and hence filed a motion for summary disposition. The Court reversed the trial court's order granting summary disposition employing *Haydaw v Farm Bureau Ins Co*, __ Mich App __; __ NW2d __ (2020) (Docket No. 345516) which reasoned that false statements made during discovery in the midst of litigation do not provide grounds to void an insurance policy "because, by that time, the claim has been denied and the parties are adversaries in litigation." *Id.* at ___; slip op at 5. At bar, the discovery request containing the predated attendant care forms were submitted and produced while in litigation, not prior.

The *Baham* Court also incorporated in opinion *Meemic v Fortson*, __ Mich __; __ NW2d __ (2020) (Docket No. 158302), which held, "the fraudulent activity at issue here did not relate to the inception of the contract" of insurance, and Farm Bureau "could not possibly have relied on" any of the fraudulent representations made by plaintiff in 2018 when it agreed to insure plaintiff "because, at the time, [he] had not yet made any of the alleged misrepresentations." *Id.* at __; slip op at 17-18.

Mr. Larice Brown, the care provider to Charles Williamson, testified that he did not provide attendant care after the death of Charles Williamson and there is no evidence of submission of attendant care forms subsequent to October 23, 2019. [Exhibit 6 – pg 32, ln 21 through pg 33, ln4]

The Defendant is asking this Honorable Court to leap to a finding of misrepresentation. Especially, after receiving Plaintiffs' case evaluation summary that did not include a claim for attendant care services after October 23, 2019 nor were any November or December 2019 forms included.

WHEREFORE Plaintiff pray that is Honorable Court deny Defendants' motion for summary disposition.

Respectfully Submitted,
by: /s/Carl L. Collins III
Carl L. Collins, III (P55982)
Attorneys for Plaintiff

Dated: December 13, 2020

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EXHIBIT 1

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The Law Office of Carl Collins III, PLLC

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

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mendress@a-mlaw.com

FIRST INTERROGATORIES PLAINTIFF

NOW COMES Defendants, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, by and through its attorneys, ANSELMI MIERZEJEWSKI RUTH & SOWLE P.C., and in accordance with MCR 2.309, submits the following Interrogatories to be answered in writing and under oath within 28 days.

The Answers to Interrogatories shall contain such information as is available to the Plaintiff or could be obtained by the Plaintiff from employers, agents, representatives, sureties or indemnitors.

These Interrogatories shall be deemed continuing and supplemental Answers shall be filed immediately upon receipt thereof if the Plaintiff directly or indirectly obtains further or different information from the time the Answers are served to the time of trial.

EXHIBIT 2

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The Law Office of Carl Collins III, PLLC

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

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(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;
b. Your present address and state of residency;
c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;
d. Your date and place of birth;
e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

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8. All treating physcicians and custodian of records of Ascension Providence Hospital, Southfield Campus, 16001 W Nine Mile Rd, Southfield, MI 48075, Phone: (248) 849-3000 will testify as to examination, diagnosis, prognosis, care and treatment;
9. Custodian of record of Unversal Macomb Ambulence Service, Inc., 37583 Mound Rd. Sterling Heights, MI 48310, Phone: (586) 939-4350 arriving technicians will testify as to services provided and observations upon arriving at the scene of the occurrence;
10. All treating physcian and custodian of records of Michigan Spine and Pain, 6079 West Maple Road, Suite 100B, West Bloomfield, MI 48322, Phone: (248) 851-7246, will testify as to examination, diagnosis, prognosis, care and treatment;

35. Have you, your attorney or representatives received any medical reports, written memoranda, or any written material dealing in any way with the claim for injuries and/or damages which are at issue in the lawsuit?

ANSWER:

Yes will attach, but will sign authorizations to allow Defendant to obtain records.

36. If the answer to the above Interrogatory is in the affirmative, please state the following:

a. The date of the reports, written memoranda, etc.;
b. The names and addresses of the physician, institution, facility or hospital, or any other person rendering said report or written memoranda;
c. If you will do so without a motion to produce, please attach copies of said reports, memoranda, etc. to your Answers to these Interrogatories.

ANSWER:

Yes and will attached, but will sign authorizations to allow Defendant to obtain records.

EXHIBIT 3

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

NOTICE AND STATEMENT OF DEATH

NOW COMES Defendant, AAA OF MICHIGAN, by and through its attorneys, ANSELMI, MIERZEJEWSKI, RUTH & SOWLE, P.C., and hereby files this Notice and Statement of Death that, upon information and belief, Plaintiff, CHARLES WILLIAMSON, is deceased.

Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: January 30, 2020

By: ***/s/ Michelle A. Endress***
Michelle A. Endress (P76457)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290

Document received by the MI Wayne 3rd Circuit Court.

EXHIBIT 4

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,
Plaintiff,

vs.

Case No.: 19-014047-NF
Hon. Muriel Hughes

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,
Defendants,

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

ORDER TO AMEND CAPTION

At a session of the Court,
held in the City of Detroit, County of Wayne, State of Michigan

on 1/30/2020

PRESENT HON: Muriel D. Hughes
JUDGE, CIRCUIT COURT

Upon a stipulation presented by the parties, and a notice of death submitted by counsel for CHARLES WILLIAMSON.

IT IS HEREBY ORDERED that PORSHA WILLIAMSON AND LATESHEA WILLIAMSON, PERSONAL REPRESENTATIVES OF THE ESTATE OF CHARLES WILLIAMSON, DECEASED, shall substituted as a party Plaintiff in the place of CHARLES WILLIAMSON,

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The Law Office of Carl Collins III, PLLC

All prior pleadings filed in this matter shall be considered to have been amended to conform to this Order.

IT IS SO ORDERED.

HON: /s/ Muriel D. Hughes 1/30/2020
JUDGE, CIRCUIT COURT

STIPULATION BETWEEN PARTIES

It is hereby stipulated between the parties by and through their below attorneys that PORSHA WILLIAMSON AND LATESHEA WILLIAMSON, PERSONAL REPRESENTATIVES OF THE ESTATE OF CHARLES WILLIAMSON, DECEASED, shall substituted as a party Plaintiff in the place of CHARLES WILLIAMSON.

X /s/ Carl L. Collins III
Carl L. Collins III (P55982)
Attorney for Plaintiff

x /s/ Michelle A. Endress
Michelle A. Endress (P76457)
Attorney for Defendants

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EXHIBIT 5

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The Law Office of Carl Collins III, PLLC

PAYMENT LOG

Claim Number: 401045161

Date of Loss: 10/30/2018

Posting Date From: 00/00/0000 **Posting Date To:** 00/00/0000

Prepared by: Carmen Bray **Print Date:** 05/18/2020

Claimant: CHARLES WILLIAMSON

Coverage: PIP Medical

Subclaim #: 001

Pmt #	Posting Date	Check Number	Payee(s)	Remitter	Benefit Type	Loss/Expense	Payment Amount	Payment Status	Payment Category	Service Start Date	Service End Date	EOB	Invoice No.
42	05/12/2020	1930825	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 391.00	Check Issued	Disbursement	01/15/2020	01/31/2020		4-49128.25362
42	05/12/2020	1930825	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Court Costs – Legal	Expense	$ 20.60	Check Issued	Disbursement	01/15/2020	01/31/2020		4-49128.25362
41	04/29/2020	1924128	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 15.00	Check Issued	Disbursement	12/12/2019	12/12/2019		3-49128.25362
40	04/08/2020	1912483	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 354.00	Check Cashed	Disbursement	11/19/2019	11/25/2019		2-49128.25362
39	03/18/2020	1899798	CASE MANAGEMENT PROFESSIONAL CONSULTING		Case Management	Loss	$ 2040.78	Check Cashed	Disbursement	09/13/2019	10/24/2019		4245
38	03/13/2020	1896652	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 735.25	Check Cashed	Disbursement	12/20/2019	01/31/2020		49042-24730D
37	02/14/2020	1877336	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 240.00	Check Cashed	Disbursement	10/30/2019	10/31/2019		1-49128.25362
36	02/10/2020	1872980	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 75.00	Check Cashed	Disbursement	10/08/2019	10/22/2019		24334
35	01/31/2020	1867086	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 215.00	Check Cashed	Disbursement	09/27/2019	09/27/2019	5540915	401513
34	01/31/2020	1867291	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 7568.00	Check Cashed	Disbursement	08/27/2019	10/10/2019	5574397	401045161
33	01/31/2020	1867291	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 6702.00	Check Cashed	Disbursement	07/16/2019	08/21/2019	4765246	401045161
32	01/31/2020	1867086	MICHIGAN SPINE & PAIN		Outpatient Physical Therapy	Loss	$ 165.00	Check Cashed	Disbursement	08/14/2019	08/14/2019	4749195	397510
31	01/10/2020	1849818	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 60.00	Check Cashed	Disbursement	09/03/2019	09/13/2019		4-49128.24334
30	01/03/2020	1842493	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 30.00	Check Cashed	Disbursement	05/20/2019	07/31/2019		24334
29	12/20/2019	1835216	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 75.00	Check Cashed	Disbursement	09/26/2019	10/07/2019		49042-24730D

Log includes transactions within selected criteria.

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PAYMENT LOG

Claim Number: 401045161

Date of Loss: 10/30/2018

Posting Date From: 00/00/0000 **Posting Date To:** 00/00/0000

Prepared by: Carmen Bray **Print Date:** 05/18/2020

Pmt #	Posting Date	Check Number	Payee(s)	Remitter	Benefit Type	Loss/Expense	Payment Amount	Payment Status	Payment Category	Service Start Date	Service End Date	EOB	Invoice No.
28	11/13/2019	1808438	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 1229.00	Check Cashed	Disbursement	08/01/2019	08/30/2019		3-49128.24334
28	11/13/2019	1808438	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Court Costs – Legal	Expense	$ 20.00	Check Cashed	Disbursement	08/01/2019	08/30/2019		3-49128.24334
27	11/13/2019		ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 1229.00	Reversed	Disbursement	08/01/2019	08/30/2019		3-49128.24334
26	10/30/2019	1797929	LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Attendant Care – Family	Loss	$ 10177.92	Check Cashed	Disbursement	08/05/2019	09/30/2019		
26	10/30/2019	1797929	LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Statutory Interest	Loss	$ 22.89	Check Cashed	Disbursement	08/05/2019	09/30/2019		
25	10/16/2019	1788172	CASE MANAGEMENT PROFESSIONAL CONSULTING		Case Management	Loss	$ 6530.30	Check Cashed	Disbursement	04/19/2019	09/13/2019		4232
24	10/09/2019	1782336	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 691.00	Check Cashed	Disbursement	05/20/2019	07/31/2019		249128.24334
23	10/02/2019	1776991	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 45.00	Check Cashed	Disbursement	07/29/2019	07/29/2019		49042-24730D
22	09/30/2019	1774591	ARNOLD E REED AND OPEN MRI OF LIVONIA		Office Visits – Doctor	Loss	$ 3500.00	Check Cashed	Disbursement	10/30/2018	08/29/2019		
21	08/08/2019	1736178	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 5806.00	Check Cashed	Disbursement	06/11/2019	07/10/2019	4729434	401045161
20	07/12/2019	1715262	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 7230.00	Check Cashed	Disbursement	04/23/2019	06/06/2019	4701982	401045161
19	06/24/2019	1701285	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 240.00	Check Cashed	Disbursement	05/06/2019	05/17/2019		1-49128.24334
18	06/17/2019	1696501	AXIOM REQUISITION COPY SERVICE		Investigation – Legal	Expense	$ 85.10	Check Cashed	Disbursement	05/06/2019	05/06/2019		601627
17	05/31/2019	1684749	CASE MANAGEMENT PROFESSIONAL CONSULTING		Case Management	Loss	$ 8764.40	Check Cashed	Disbursement	01/15/2019	04/16/2019		4213
16	05/28/2019	1681788	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 5448.00	Check Cashed	Disbursement	03/14/2019	04/18/2019	4664252	401045161
15	05/28/2019	1681559	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 50.00	Check Cashed	Disbursement	02/01/2019	02/01/2019	4621598	380260

Log includes transactions within selected criteria.

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PAYMENT LOG

Claim Number: 401045161

Date of Loss: 10/30/2018

Posting Date From: 00/00/0000 **Posting Date To:** 00/00/0000

Prepared by: Carmen Bray **Print Date:** 05/18/2020

Pmt #	Posting Date	Check Number	Payee(s)	Remitter	Benefit Type	Loss/Expense	Payment Amount	Payment Status	Payment Category	Service Start Date	Service End Date	EOB	Invoice No.
14	04/25/2019	1659675	MOBILE ANESTHESIOLOGISTS MOTOR		Office Visits – Doctor	Loss	$ 1701.48	Check Cashed	Disbursement	02/27/2019	02/27/2019	4643834	9781722A
13	04/25/2019	1659469	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 251.73	Check Cashed	Disbursement	03/25/2019	03/25/2019	4639912	384492
12	04/25/2019	1659522	FOREST PARK CLINIC		Office Visits – Doctor	Loss	$ 3562.50	Check Cashed	Disbursement	03/04/2019	03/20/2019	4638935	17486
11	04/25/2019	1659648	MICHIGAN ORTHOPAEDIC SURGEONS		Office Visits – Doctor	Loss	$ 1043.91	Check Cashed	Disbursement	03/14/2019	03/14/2019	4637292	339286V9974
10	04/25/2019	1659668	PHYSIOFIT REHABILITATION SERVICES PLLC		Office Visits – Doctor	Loss	$ 6096.00	Check Cashed	Disbursement	02/07/2019	03/08/2019	4627445	401045161
9	04/25/2019	1659469	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 1818.90	Check Cashed	Disbursement	02/27/2019	02/27/2019	4621553	38224
8	04/25/2019	1659469	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 266.73	Check Cashed	Disbursement	02/01/2019	02/01/2019	4621598	380260
7	03/26/2019	1636498	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 201.73	Check Cashed	Disbursement	02/18/2019	02/18/2019	4621528	382357
6	03/20/2019	1632270	OPEN MRI OF LIVONIA		Office Visits – Other	Loss	$ 2600.02	Check Cashed	Disbursement	02/11/2019	02/11/2019	4614436	240429087
5	03/11/2019	1625198	M1 IMAGING		Office Visits – Other	Loss	$ 9600.00	Check Cashed	Disbursement	01/31/2019	01/31/2019	4606597	C36030P43390
4	03/08/2019	1623931	DATA SURVEYS INC		Investigation – Claim	Expense	$ 1553.00	Check Cashed	Disbursement	03/06/2019	03/06/2019		DSI226490
3	03/05/2019	1620834	EMERGENCY DEPARTMENT PHYSICI		Emergency Room	Loss	$ 1065.00	Check Cashed	Disbursement	10/31/2018	10/31/2018	4587961	74494997_20181031
2	03/01/2019	1617967	LAKELAND NEURO CARE CTR		Hospitilization	Loss	$ 39199.51	Check Cashed	Disbursement	11/07/2018	11/30/2018	4594280	12828
1	02/18/2019	1608618	LAKELAND NEURO CARE CTR		Residential Care	Loss	$ 28012.80	Check Cashed	Disbursement	12/01/2018	12/23/2018	4592024	12828

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PAYMENT LOG

Claim Number: 401045161

Date of Loss: 10/30/2018

Posting Date From: 00/00/0000 **Posting Date To:** 00/00/0000

Prepared by: Carmen Bray **Print Date:** 05/18/2020

Claimant: CHARLES WILLIAMSON

Coverage: Work Loss

Subclaim #: 002

Pmt #	Posting Date	Check Number	Payee(s)	Remitter	Benefit Type	Loss/Expense	Payment Amount	Payment Status	Payment Category	Service Start Date	Service End Date	EOB	Invoice No.
2	10/30/2019	1797929	LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Replacement Services	Loss	$ 1140.00	Check Cashed	Disbursement	08/05/2019	09/30/2019		
2	10/30/2019	1797929	LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Statutory Interest	Loss	$ 2.56	Check Cashed	Disbursement	08/05/2019	09/30/2019		
1	10/30/2019		LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Replacement Services	Loss	$ 1140.00	Reversed	Disbursement	08/05/2019	09/30/2019		

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EXHIBIT 6

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The Law Office of Carl Collins III, PLLC

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and,
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of Charles Williamson (deceased),
Plaintiff,

-vs- Civil Action
No. 19-014047-NF
Hon. Muriel Hughes

AAA OF MICHIGAN,
Defendant.
_____/

PAGE 1 TO 35

The deposition of LARRICE BROWN,
Taken Via Hanson Remote
Commencing at 2:09 p.m.,
Thursday, September 17, 2020
Before Cheryl Salowich CSR/CER 3499.

Court reporter, attorneys & witness appearing remotely.

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his pain specialists, and also the physical therapy facility and transportation as well.

Q. Okay.

A. And his caseworker.

MS. ENDRESS: All right. I don't think I have any other questions for you. I'm just going to review my notes.

Nope, I don't have anything else. Carl may have some questions for you.

MR. COLLINS: No, no follow-up questions.

MS. ENDRESS: Okay. Wonderful.

(Proceedings adjourned from 2:49 to 3:28 p.m. to take Maxine Brown's deposition)

THE WITNESS: Hello.

MR. COLLINS: Okay. Larrice?

THE WITNESS: Yes.

MR. COLLINS: Okay. I do have a few follow-up questions for you.

CROSS-EXAMINATION BY MR. COLLINS:

Q. So outside of you did anyone else help Charles after his first motor-vehicle accident?

A. No. It was just me that helped him, sir.

Q. Okay. All right. Now his accident happened in October of 2018. There were forms that were submitted that are dated in 2019 all the way through, it looks like,

August. Is it true and accurate that you performed services for Charles in the month of August 2019?

A. Yes, I believe so, sir.

Q. All right. So the summer, the following summer of 2019 you did help Charles?

A. Yes.

Q. Okay. And was Charles, if you know, a fall risk? Did he have problems with his balance after the motor-vehicle accident?

A. Yes.

Q. Okay. And did he have those continuing issues the summer of 2019?

A. Around in August?

Q. August, July, yes, of being a fall risk?

A. Yeah, he was still -- yeah, he was still a fall risk.

Q. Okay. And being such, at night were you available to help him or did you help him at night due to him being a fall risk?

A. Yes, I provided (inaudible).

Q. Okay. I'm sorry, I don't know, it was unclear on my end. Yeah, could you repeat your last answer, please?

A. Would you repeat the question? Could you repeat --

Q. Yes.

A. -- the question, please?

Q. Yes. Because Charles was a fall risk did you have to

assist him in the nighttime hours?

A. Yes, sir.

Q. Okay. And did that extend through the summer of 2019, July, August?

A. Yes, sir.

Q. I'm sorry, your answer once again? It broke up on my end.

A. I said yes.

Q. Okay.

A. All right.

Q. So am I correct that pretty much you were available for him at all times due to him being -- due to Charles being a fall risk?

A. You were breaking up.

Q. Yeah, so am I correct that you were available to Charles at all times due to him being a fall risk?

A. Yes, sir.

MR. COLLINS: Okay. All right. I have no further questions.

REDIRECT EXAMINATION BY MS. ENDRESS:

Q. I just have a few follow-ups.

If there are service forms that are dated through December 2019, would service forms for the months of November and December be incorrect?

MR. COLLINS: Or would they be correct?

A. There shouldn't be no form in November, that I know of.

Q. So if submissions were made for November and December, those would not be correct?

A. Yes, ma'am.

Q. Okay. And you mentioned that don't have any knowledge of Mr. Williamson's medical condition prior to the accident, correct?

A. Correct.

Q. So you don't know if he was possibly a fall risk before the accident, correct?

A. Correct.

MS. ENDRESS: Okay. I don't have any questions.

RECROSS-EXAMINATION BY MR. COLLINS:

Q. Okay. Mr. Larrice, do you know if after you stopped performing care for Charles, did someone else help Charles?

A. Yes. I believe his daughter Teshea Williams (sic) stepped in.

Q. Okay. All right. And if there was anyone else that helped outside of his daughter, you were not aware?

A. No, sir, I didn't have no knowledge.

MR. COLLINS: Okay. All right. That's all the questions I have.

MS. ENDRESS: Okay. Thank you for your time,

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APPENDIX K

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 4/27/2021 3:34 PM Tara Hickman

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and,
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of Charles Williamson (deceased),

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant,

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
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ORDER GRANTING DEFENDANT'S MOTION FOR SUMMARY DISPOSITION

At a session of said Court, held in the
City of Detroit, County of Wayne, State of Michigan,

on 4/27/2021, 2021.

PRESENT: Muriel D. Hughes
Circuit Court Judge

This matter having come before on Defendant's Motion for Summary Disposition, briefs being submitted, oral argument being held, and the Court being more fully advised in the premises;

IT IS HEREBY ORDERED that Defendant AAA of Michigan's Motion for Summary Disposition is GRANTED for the reasons set forth on the record.

IT IS FURTHER ORDERED that Plaintiff committed a fraudulent insurance act by

knowingly presenting material misrepresentations in support of its claim for no-fault benefits, and that it is ineligible for payment or benefits pursuant to MCL 500.3173a.

IT IS SO ORDERED.

This is a final Order and does close this case.

/s/ Muriel D. Hughes 4/27/2021

Circuit Court Judge

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APPENDIX L

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STATE OF MICHIGAN

IN THE COURT OF APPEALS

PORSHA WILLIAMSON and
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of CHARLES WILLIAMSON (deceased)

Plaintiff-Appellant,

vs.

AAA OF MICHIGAN,

Defendants-Appellee.

Court of Appeals No.: 357070
Wayne County Circuit Court
Lower Court Case: 2019-014047-NF

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DEFENDANT-APPELLEE AAA OF MICHIGAN'S RESPONSE TO PLAINTIFF-APPELLANT'S BRIEF ON APPEAL

Oral Argument Requested

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STATEMENT OF JURISDICTIONAL BASIS

1. Jurisdiction over this Appeal is granted to the Michigan Court of Appeals by MCR 7.203(A)(1).

2. The Order from which the Plaintiffs-Appellants, Porsha Williamson and Lateshea Williamson, as Personal Representatives for the Estate of Charles Williamson (deceased), have claimed an appeal was an Order Granting Defendant's Motion for Summary Disposition, entered on April 27, 2021.

3. Plaintiff-Appellant filed his Claim of Appeal on May 4, 2021.

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COUNTER-STATEMENT OF QUESTIONS PRESENTED

I. Did the lower court err in finding that the predated November 2019 and December 2019 replacement service and attendant care forms submitted during discovery were material to Plaintiffs' claims for no-fault benefits?

Defendant-Appellee says "No."

Plaintiffs-Appellants say "Yes."

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INTRODUCTION

This Appeal stems from an action for first-party no-fault benefits filed by Plaintiffs-Appellants, Porsha Williamson and Lateshea Williamson, as Personal Representatives for the Estate of Charles Williamson (deceased) ("Plaintiff-Appellant"), in relation to a pedestrian/motor vehicle accident that occurred on October 30, 2018. As Mr. Williamson purported to have no automobile insurance coverage available through any other source, he appealed to the Michigan Automobile Insurance Placement Facility ("MAIPF") for benefits. His claim was thereafter assigned to Defendant-Appellee, Auto Club Insurance Association ("Defendant-Appellee" or "ACIA"). On the date of loss, Charles Williamson walked into oncoming traffic and was struck by an unidentified vehicle, causing him to sustain fractures to his right lower leg, right pubis, multiple ribs, and the anterior wall. Defendant-Appellee paid over $100,000 in no-fault benefits to/for Mr. Williamson in furtherance of his recovery. Mr. Williamson passed away on October 24, 2019, followed another pedestrian/motor vehicle accident. (*See* Plaintiff's Obituary, attached hereto as **Exhibit A).** Charles Williamson's daughters acquired Letters of Authority to proceed with this lawsuit on January 8, 2020.

During the pendency of this lawsuit in Circuit Court, Plaintiff-Appellant provided answers to Defendant-Appellee's Interrogatories, claiming reimbursement for attendant care and household replacement services that were allegedly performed after Mr. Williamson passed away. (*See* Plaintiff's Answers to Defendant's Interrogatories, attached hereto as **Exhibit B**) Plaintiff-Appellant also indicated that a claim for household replacement services and attendant care was being advanced, and cited to attached documents. *Id.* The replacement service and attendant care affidavits attached to Plaintiff-Appellant's discovery responses indicate that Plaintiff-Appellant received these services in November and December of 2019, following Mr. Williamson's death.

Plaintiff-Appellant's personal representative, Lateshea Williamson, signed the Answers to Interrogatories, and believed them to be true to the best of her knowledge. This submission constitutes a material misrepresentation in support of a claim for no-fault benefits, and renders Plaintiff-Appellant ineligible for no-fault benefits.

Defendant-Appellee filed its Motion for Summary Disposition on December 1, 2020, arguing that Plaintiff-Appellant is precluded from no-fault benefits through the MAIPF pursuant to MCL 500.3173a. (*See* Defendant-Appellee's Motion for Summary Disposition, attached hereto as **Exhibit C**). Defendant-Appellee's Motion for Summary Disposition was heard by the Honorable Muriel Hughes on April 6, 2021. An Order Granting Defendant-Appellee's Motion for Summary Disposition was entered on April 27, 2021. (*See* Order Granting Defendant's Motion for Summary Disposition, attached hereto as **Exhibit D**). This Order specifically noted that "Plaintiff committed a fraudulent insurance act by knowingly presenting material misrepresentations in support of its claims for no-fault benefits, and that it is ineligible for payment or benefits pursuant to MCL 500.3173a. *Id.* This Appeal followed.

STATEMENT OF FACTS

Plaintiff-Appellant, Charles Williamson, filed this action for first-party no-fault benefits against Defendant-Appellee, Auto Club Insurance Association, on October 21, 2019. (*See* Complaint, attached hereto as **Exhibit E)**. Mr. Williamson was struck by an unidentified vehicle as a pedestrian, at or near the intersection of Greenfield & Lodge Service Drive. (*See* Police Reports, attached hereto as **Exhibit F**). He had walked into oncoming traffic, causing him to sustain fractures to his right lower leg, right public, multiple ribs, and the anterior wall. *Id.* The leg fractures required an open reduction and internal fixation procedure, performed at St. John Hospital. Mr. Williamson was thereafter transferred to Lakeland Center for Rehabilitation and

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was discharged home on December 26, 2019. Following the accident, Mr. Williamson also treated with Michigan Spine & Pain for headaches, neck pain, bilateral shoulder and knee pain, right hip pain, and low back pain, as well as underwent physical therapy at PhysioFit Rehabilitation through April 2019, and traumatic brain injury treatment through May 30, 2019. Mr. Williamson passed away on October 24, 2019, following a second pedestrian/motor vehicle accident. (**Exhibit A**). Mr. Williamson's daughters, Porsha and Lateshea Williamson acquired Letters of Authority to proceed with this suit on January 8, 2020. (*See* Letters of Authority, attached hereto as **Exhibit G**)

During the course of discovery in this action, Defendant sent Plaintiff-Appellant a set of Interrogatories, seeking to discovery what specific no-fault claims Plaintiff-Appellant was advancing. In its Answers to Defendant's Interrogatories, dated February 10, 2020, Plaintiff-Appellant claimed that the Estate was making claims for replacement services and attendant care, and cited to attached documents. (**Exhibit B**). Replacement service and attendant care calendars attached to Plaintiff-Appellant's Answers to Interrogatories indicate that Plaintiff received these services in November and December of 2019. Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories, indicating that she read the Answers and believed them to be true to the best of her knowledge. *Id.* These submissions constitute misrepresentations in support of a claim for no-fault benefits and render Mr. Williamson ineligible for no-fault benefits pursuant to MCL 500.3173a.

STANDARD OF REVIEW

This Court reviews de novo a trial court's decision on a motion for summary disposition under MCR 2.116(C)(10). *Maiden v Rozwood*, 461 Mich 109, 118; 597 NW2d 817 (1999). Where the proffered evidence fails to establish a genuine issue of material fact, the moving party

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is entitled to judgment as a matter of law. *Quinto v Cross & Peters Co.*, 451 Mich 358, 547 NW2d 314.

A motion under MCR 2.116(C)(10) tests the factual sufficiency of the Complaint. In evaluating a motion brought under MCR 2.116(C)(10), a court considers pleadings, depositions, admissions and documentary evidence filed in the action or submitted in a light most favorable to the non-moving party. *Maiden v Rozwood*, 461 Mich 109 (1999). A trial court may grant the motion brought under MCR 2.116(C)(10) if there is no genuine issue with respect to any material facts, and the moving party is entitled to judgment as a matter of law. *Smith v Globe Life Ins Co*, 460 Mich 446 (1999). However, "[a] litigant's mere pledge to establish an issue of fact at trial cannot survive summary disposition under MCR 2.116(C)(10)." *Maiden*, 461 Mich at 121. The reviewing court should evaluate the motion by "considering the substantively admissible evidence actually proffered in opposition to the motion." *Id.* However, a mere promise to provide evidence to support a claim is insufficient. *Id.*

LAW AND ARGUMENT

I. THE LOWER COURT DID NOT ERR IN FINDING THAT THE PREDATED NOVEMBER 2019 AND DECEMBER 2019 REPLACEMENT SERVICE AND ATTENDANT CARE FORMS SUBMITTED DURING DISCOVERY WERE MATERIAL TO PLAINTIFFS' CLAIMS FOR NO-FAULT BENEFITS.

The Circuit Court correctly held that the replacement service and attendant care forms, dated November and December of 2019, after Charles Williamson's death, were material misrepresentations in support of a claim for no-fault benefits, constituting a fraudulent insurance act and rendering Mr. Williams ineligible for no-fault benefits. MCL 500.3173a(4), previously MCL 500.3173a(2), states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or

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> in support of a claim to the Michigan automobile insurance placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to the penalties imposed under section 4511. ***A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.***
> [emphasis added].

The Legislature has defined a fraudulent insurance act in MCL 500.4503, which states in pertinent parts:

> A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive . . .
>
> (c) Presents or causes to be presented to or by any insurer, any oral or written statement including computer-generated information as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false information concerning any fact or thing material to the claim.

The Michigan Legislature has expressly stated in MCL 500.3173a that anyone who violates MCL 500.4503 is ineligible for benefits from an assigned claims insurer or the MACP. Charles Williamson checked the box indicating that he acknowledged the fraud warning mirroring the language of MCL 500.3173a in his Application for Benefits, and the risk faced for committing fraudulent insurance acts. (*See* Application for Benefits, attached hereto as **Exhibit H**).

A. The Information in Plaintiff-Appellant's Attendant Care Replacement Services Claims is Material is his Claim for No-Fault Benefits

"A statement is material if it is reasonably relevant to the insurer's investigation of a claim." *Mina v Gen Star Indem Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) (rev'd in part on other grounds). "[F]acts which are essential to the investigation of any claim of benefits and to a

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determination regarding the probity of any medical expenses requested" are material to a claim for benefits. *McCune v Allstate Ins Co*, 2019 WL 137150. "An individual analysis based on the facts of each case is required, and where there is a question of fact as to any of the elements, summary disposition is improper." *Pitts v Doe*, 2018 WL 4002049, citing *Shelton v Auto-Owners Co*, 318 Mich App 648, 656, 659-660; 899 NW2d 744 (2017). Here, there is no question of fact whether Plaintiff's attendant care and replacement service claims are material to his claim for no-fault benefits. These are services that Plaintiff-Appellant alleged he required as a result of his alleged injuries related to the alleged at-issue accident.

B. Plaintiff-Appellant Knowingly Presented Materially False Information to the MAIPF and to Defendant-Appellant

This Honorable Court considered the fraud provision of MCL 500.3173a(2) in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) where it held that because the Plaintiff knowingly made false and material statements in his replacement services calendars that were used to support a claim submitted to the MAIPF and its servicing insurer, a fraudulent insurance act was committed and the Plaintiff was precluded from recovering ***any*** No-Fault benefits. *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017).

The Plaintiff in *Candler* was struck by a hit-and-run driver. *Id.* at 775. The Plaintiff was uninsured at the time of the accident and the identity of the driver was unknown. *Id.* Therefore, the Plaintiff made a claim with the MAIPF that was assigned to Farm Bureau, who eventually paid over $150,000 in No-Fault benefits. *Id.* at 776. The Plaintiff submitted claims for replacement services in the form of service calendars for August, September, and October of 2015. *Id.* The calendars included the signature of the Plaintiff's brother and alleged that he provided replacement

services to the Plaintiff during those months. *Id.* However, during the course of discovery, it was uncovered that the Plaintiff did not receive replacement services from the alleged provider for several of the months that were submitted for payment. *Id.* In turn, Farm Bureau filed a motion for summary disposition arguing that the Plaintiff's false statement precluded his recovery of any No-Fault benefits pursuant to MCL 500.3173a(2), which was denied at the trial level and reversed by this Honorable Court. *Id.*

On appeal, Farm Bureau argued that MCL 500.3173a(2) plainly indicates that the Plaintiff was ineligible to receive ***any*** No-Fault benefits as a result of the forged signatures and false representation that services were performed by the provider. *Id.* at 778. This Honorable Court agreed with Farm Bureau and noted that, in order to qualify as part of a fraudulent insurance act, "***the false statement merely must have been presented 'as part of or in support of a claim for payment or another benefit."*** *Id.* at 784. As such, a person commits a fraudulent insurance act under the statute when the claimant (1) presents or causes to be presented an oral or written statement; (2) which is part of or in support of the claim for No-Fault benefits; (3) where the claim was submitted to the MAIPF; (4) the person knows that the statement contained false information; and (5) the statement must have concerned a fact or thing material to the claim. *Id.* at 779-80.

This Honorable Court applied the interpretation of MCL 500.3173a(2) and held that there was no genuine issue of material fact that a fraudulent insurance act was committed when the calendars were submitted. The opinion also stated that although the claim was essentially assigned to Farm Bureau it was nonetheless being processed through the MAIPF. *Id.* at 781. This Honorable Court held that *"**[n]o reasonable jury could conclude that plaintiff . . . was not aware that he was submitting false information that was material to his claim for No-Fault benefits.***" *Id.* at 781-82 (emphasis added). Therefore, this Honorable Court concluded that Farm Bureau's

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Motion for Summary Disposition should have been granted as Plaintiff was ineligible to recover ***any*** No-Fault benefits through the MAIPF or its servicing insurer pursuant to MCL 500.3173a(2).

An unpublished *per curiam* opinion in *Farrell v Farm Bureau Insurance*, No. 335979, 2017 WL 5759800, (Mich Ct App, November 28, 2017) held a Plaintiff completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(2). (**Exhibit F**). In *Farrell*, the Court of Appeals held that the "***plaintiff's subsequent statements in support of that claim were false and clearly aimed at concealing the fact he was terminated***." This Honorable Court stated that it was clear that the Plaintiff made a material misrepresentation regarding his wage loss claim the Plaintiff clearly had knowledge that he was terminated at the time of his deposition testimony and further made misrepresentations in his answers to interrogatories to conceal the fact that he was terminated. This Honorable Court completely barred the Plaintiff's recovery of any No-Fault benefits pursuant to MCL 500.3173a(2).

Farrell also clarified that the correct standard for analyzing fraud in an assigned claims lawsuit is MCL 500.3173a(2) – which **does not contain an intent element** – and not *Bahri v IDS Property Cas Ins*, 308 Mich App 420; 864 NW2d 609 (2014), the fraud standard under a *policy* lawsuit, which *does* contain an intent element. *Farrell* held that the trial court had erred in ruling that *Bahri* was applicable. This Honorable Court held that *Bahri* was distinguishable from the facts in *Farrell* as the former dealt with the application of a fraud exclusion provision in a No-Fault insurance policy. Conversely, the issue in *Farrell* was whether the Plaintiff was entitled to recover No-Fault benefits through the MAIPF in light of the fraud provision of MCL 500.3173a(2). In short, this Honorable Court found that trial court had no business applying the fraud standard at play in *Bahri*, a policy lawsuit, to the facts of *Farrell*, an assigned claims lawsuit. This Honorable Court identified and analyzed the language of the fraud provision of MCL 500.3173a(2), the proper

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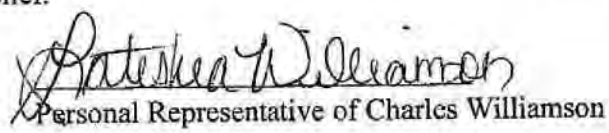
standard, and held that *a claimant who submits knowingly false information to the MAIPF in support of a claim for No-Fault benefits is entirely barred from recovery.*

Additionally, the Court held that given the two fraud warnings the Plaintiff acknowledged on his Application for Benefits, the Plaintiff could not claim that he did not read the document and cannot claim ignorance as to the content of the application. The Court reasoned that "Michigan law presumes that one who signs a written agreement knows the nature of the instrument so executed and understands its contents." *Galea v FCA US LLC*, 323 Mich App 360, 369; 917 NW2d 694 (2018).

In this case, Plaintiff's Representative signed Answers to Defendant's Interrogatories indicating she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit B**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id. She also signed the Application for Benefits, indicating that she acknowledged the two fraud warnings.

There is no question of fact whether Lateshea Williamson knew Mr. Williamson was deceased when she signed the discovery responses. Thus, Plaintiff-Appellant knowingly submitted misrepresentations in support of its claim for no-fault benefits to Defendant. Application of the facts of Plaintiff-Appellant's misrepresentations to the MAIPF and Defendant-Appellant demonstrate unequivocally that his Estate is barred from recovery of no-fault benefits through an assigned servicing insurer of the MAIPF pursuant to MCL 500.3173a(2).

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C. Whether the Affidavits of Attendant Care were Submitted directly to Defendant or during Discovery is of No Matter

Plaintiff-Appellant has contended that, "the attendant care forms were not submitted for any purpose other than to comply with discovery". This is erroneous and immaterial. Plaintiff-Appellant's Estate misrepresented information concerning Plaintiff-Appellant's replacement services and attendant care claims. It is irrelevant whether this information was submitted directly to the insurance company, pre-litigation, or during the course of discovery in this lawsuit. The correct standard for analyzing fraud in an assigned claims lawsuit is MCL 500.3173a(4), formerly MCL 500.3173a(2).

D. Plaintiff's Reliance on *Samer Bahnam* is Misplaced – the Holdings set forth in *Haydaw and Meemic* are Inapplicable to the Case at Hand

Plaintiff-Appellant places reliance on the case of *Samer Bahnam et al v. Farm Bureau General Insurance Company of Michigan et al,* 2020 WL 6110924. In the *Bahnam* case, this Court upheld the holding set forth in *Haydaw v. Farm Bureau Ins. Co.,* and our Supreme Court's opinion in *Meemic v. Fortson.* In *Bahnam,* the Plaintiff was in a motor vehicle accident and unfortunately passed away. His Estate made a claim with **his no-fault insurer that the Plaintiff had a policy of insurance with, Farm Bureau General Insurance Company of Michigan.** *Bahnam* is distinguishable from this case, as Defendant-Appellant in this case, ACIA, is a servicing insurer of the MAIPF and thus, Plaintiff-Appellant did not have a policy of insurance with Defendant-Appellee. *Bahnam* also relies on the case of *Meemic v. Forton*, which was also a policy case.

1) Haydaw is Inapplicable to the Case at Hand

In *Haydaw*, the Plaintiff was involved in an October 2016 motor vehicle accident and filed

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a claim with Farm Bureau. Farm Bureau was Haydaw's own No-Fault insurer. **Haydaw did not file a claim through the Michigan Automobile Insurance Placement Facility, as Charles Williamson did in this case.** Haydaw filed a lawsuit against Farm Bureau alleging Farm Bureau wrongfully withheld No-Fault benefits. At his deposition, Haydaw testified through an interpreter as English was not his first language. Haydaw also used an interpreter to communicate with his doctors. After discovery was completed, Farm Bureau moved for Summary Disposition arguing that Plaintiff made false statements regarding his medical history. He indicated that he did not have issues with his back, neck or shoulders prior to the motor vehicle accident. Farm Bureau relied on its **fraud** provision in its policy to argue it was entitled to summary disposition. The provision stated:

> The entire policy will be void if, whether before or after a loss, you, any family member, or any insured under this policy has:
>
> 1. intentionally concealed or misrepresented any material fact or circumstance;
> 2. engaged in fraudulent conduct; or
> 3. made false statements;
>
> Relating to this insurance or to a loss to which this insurance applies.

Plaintiff responded by arguing that he was truthful as his last two doctor visits were for the accident were for the flu and his understanding of the question referred to doctor appointments immediately prior to the accident. Plaintiff disclosed his medical records before the deposition and therefore Farm Bureau was aware of his medical history. Plaintiff argued that any inaccurate statement at his deposition went to his credibility to be determined by the jury. Plaintiff questioned the accuracy of the medical reports as he was communicating through an interpreter. The Trial Court found that Plaintiff made false statements at his deposition and granted Summary

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Disposition based on Farm Bureau's fraud provisions.

This Court examined "whether statements made during litigation **after** the insured's claims is denied constitutes grounds to void the policy under a fraud provision." *Id.* at 3. The Court looked at various other jurisdictions and stated "false statements made during discovery do not provide grounds to void the policy because, by that time, the claim has been denied and the parties are adversaries in litigation." *Id.* at 5. The Court stated, "statements made during litigation are by their nature incapable of satisfying the elements for voiding a policy on the basis of a post-loss fraud." *Id.* at 6. The Court concluded its reasoning by stating that, "for the reasons discussed, however, we are convinced that statements made during the course of litigation do not implicate an insurance policy's fraud or misrepresentation clause and that such a clause may not be relied on by the insurer to justify a denial of benefits." Id. at 7.

The *Haydaw* case is easily distinguishable from the instant case. In *Haydaw*, the parties were arguing about a "fraud provision" in the contract. This matter does not involve an insurance contract that involves a "fraud" provision. The entire misrepresentation made by Charles Williamson and his Estate is controlled by statute, MCL 500.3173a. The cases cited to in Plaintiff-Appellant's Brief are contractual cases and the terms they abide to are set forth in the policy. Premiums are paid in exchange for those contractual terms. The MAIPF is a statutorily created entities, as are the standards it abides by. It is completely irrelevant whether Plaintiff-Appellant provided the false information in this case pre- or post- litigation. Plain and simple, the Estate misrepresented information in support of Plaintiff-Appellant's claims for no-fault benefits, and this, Plaintiff-Appellant must remain ineligible for benefits pursuant to MCL 500.3173a(4).

CONCLUSION AND RELIEF REQUESTED

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Plaintiff-Appellant made material misrepresentations in support of its claim for no-fault benefits, which renders it in violation of MCL 500.3173a(4) and precludes it from collecting no-fault benefits. No genuine issues of material fact exist. Mr. Williamson was deceased when his Estate submitted its attendant care and replacement service affidavits, and the Estate knew this fact. Defendant-Appellee, Auto Club Insurance Association, believes that this Court should AFFIRM the Circuit Court's decision granting Defendant-Appellant's Motion for Summary Disposition.

Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: December 16, 2021

By: /s/ Michelle A. Endress

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EXHIBIT A

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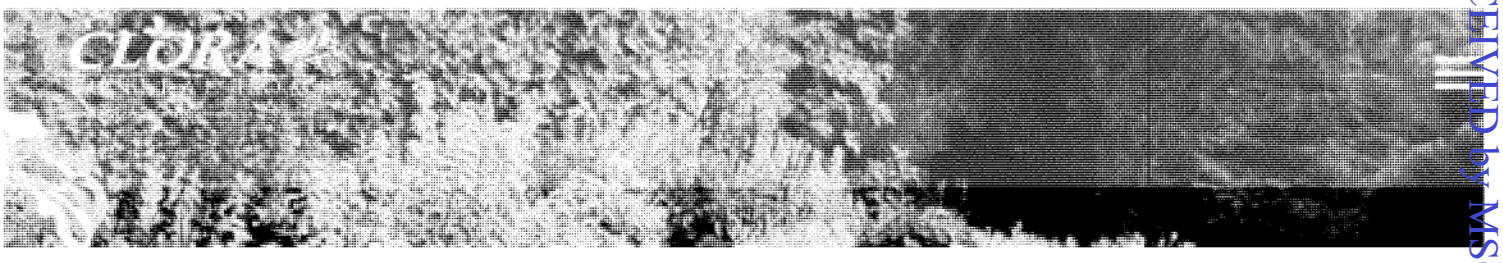
Detroit East: (313) 368-0100 River Rouge: (313) 843-0100 Detroit West: (313) 914-3334



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MR. CHARLES WILLIAMSON

January 22, 1959 - October 23, 2019

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Obituary & Service	Share a Memory Below	Flowers & Gifts
No obituary.	A comforting word from you means a lot.	Send flowers to the WILLIAMSON's family.
View More	Share a Memory	Send Flowers

Tribute Wall | Photos & Videos | **Family Dates** | + More

Birthdays

CHARLES WILLIAMSON	Jan 22, 1959 - Oct 23, 2019	60 years

Anniversaries

No anniversaries yet.

You can contribute with this family by adding members and growing this family tree.

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EXHIBIT B

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 2/10/2020 4:38 PM Mai Xiong

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;

b. Your present address and state of residency;

c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;

d. Your date and place of birth;

e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

a. The total period of disability for which you claim these benefits, e.g., 1/1/90 to 2/1/90;
b. The total amount of wage loss no-fault benefits you claim to the date that you answer these Interrogatories;
c. On what daily, weekly, or monthly wage loss rate is your claim based.

ANSWER:

Allowable Expenses

26. Please state whether or not you have suffered any additional financial losses as a result of the incident complained of, other than those covered by the preceding Interrogatories; if so, please state the following:

a. The nature and the amount of such losses;
b. The date(s) thereof;
c. The names and addresses of any person(s) to whom any money so claimed as additional loss is paid or owing.

ANSWER:

27. Do you claim allowable medical expense no-fault benefits pursuant to MCL §500.3107(a) in this lawsuit?

ANSWER:

28. If your answer to Interrogatory 27 is yes, please provide the following information as to each doctor, hospital or person who has rendered medical services to you and list separately each medical expense claimed:

a. The name of the doctor, hospital or person rendering the medical service;
b. The total amount of medical expense benefits claimed for each doctor, hospital, etc.;
c. Dates of treatment;

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

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a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

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All records listed in answer to 54 plus the claim file and deposition transcript.

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

58. If you claim attendant care services pursuant to MCL §500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached

59. If you claim attendant care services pursuant to MCL §500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

$14.00

60. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;

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c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

See attached

61. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Hours performed times $14.00 an hour

62. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she claims in the case at bar.

ANSWER:

Pursuant to the doctor's orders

63. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

See answer to number 54

64. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

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ANSWER:

See attached forms

65. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

Asked and answered.

66. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;
c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

Asked and answered.

67. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Asked and answered.

68. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she

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claims in the case at bar.

ANSWER:

Asked and answered.

69. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

Asked and answered.

Public Media

70. Please provide:

a. Your current email address;
b. Any and all former email addresses you have used for the past 3 years;
c. Any and all websites you maintain and/or domain names registered to you.

ANSWER:

unknown

71. Do you participate in any social or professional networking, blogging or Journaling website? Examples include but are not limited to: Face book, MySpace, LinkedIn, Webkinz, Classmates.com, Twitter, Friendster, and Blogger.com.

ANSWER:

no

72. If your answer to the previous interrogatory is yes, please provide a complete list of the website you use, and also provide:

a. Any and all names, user ID's, user names or email address for social and/or

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professional networking sites or blogs;

b. Please state which user name corresponds to which website;

c. How long you have used said website and/or blog;

d. The last date you logged into and/or updated said website;

ANSWER:

none

73. Please identify the owner of the vehicle you occupied at the time of the accident by name, address, phone number and relationship to you, if any.

a. Pursuant to MCR 2.310, please attach copies of each and every document or thing which supports your identification of the owner.

ANSWER:

See police report

74. Please provide the cell phone number and provider for your mobile communication equipment which was in effect on the date of the accident, and 30 days after the accident date.

ANSWER:
313-808-8611
Metro PCS

Medicaid/Medicare

75. Does Plaintiff qualify for Medicare/Medicaid benefits?

ANSWER:

yes

76. If so, has Plaintiff received Medicare/Medicaid benefits at any time since the incident at issue in this case? If yes, then state:

a. When Plaintiff and/or Medicare/Medicaid recipient first began to receive Medicare/Medicaid benefits;

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b. Is there a lien for the benefits received on Plaintiff and/or Medicare/Medicaid recipient's claim in this case;

c. Has this lawsuit been reported to the COBC;

d. Have you requested and/or received a Conditional Payment Letter?

   i. If a Conditional Payment Letter has been received, attach a copy of the letter to these Interrogatories pursuant to MCR 2.310.

   ii. What is the last treatment date for the claims included within the Conditional Payment Letter?

   iii. Are any charges included within the Conditional Payment Letter/Lien disputed? If so, please state:

      1. The amount of the disputed claims.
      2. The date of the disputed claims.
      3. The name and contact information for the treater whose claim is disputed.
      4. State with specificity, the reason that the claim is being disputed by Plaintiff and/or Medicare/Medicaid recipient;
      5. Whether any decision has been issued by Medicare/Medicaid regarding the disputed claim.

e. Has Plaintiff and/or Medicare/Medicaid recipient had any treatment since the Conditional Payment Letter was issued? If so, state:

   i. The date of said treatment;

   ii. Where this treatment was provided;

   iii. The name and contact information of the person and/or entity providing said treatment;

   iv. State with specificity, the nature of the treatment provided;

   v. Were there any costs associated with said treatment? If so, state:

      1. The total cost of said treatment;
      2. Who paid for the cost of this treatment;
      3. Attach a copy of the bills for said treatment pursuant to MCR 2.310.

ANSWER:

Asked and answered.

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77. For the purposes of allowing Defendant to provide notice to CMMS, state:

a. Plaintiff and/or Medicare/Medicaid recipient's social security number;
b. Plaintiff and/or Medicare/Medicaid recipient's HICN Number;
c. Plaintiff and/or Medicare/Medicaid recipient's full name;
d. Whether Plaintiff and/or Medicare/Medicaid recipient's ever sought Medicare/Medicaid benefits under any other name. If so, please state each name under which benefits were sought and/or received;
e. Plaintiff and/or Medicare/Medicaid recipient's date of birth;
f. The date of the alleged incident giving rise to this Complaint;
g. The alleged cause of injury, accident or illness;
h. ICD-9 Diagnosis Code numbers (1) through (19), if applicable;
i. Plaintiff and/or Medicare/Medicaid recipient's attorney's law firm tax ID number.

ANSWER:
Asked and answered.

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78. Does the Plaintiff agree to voluntarily supplement Plaintiff's Answers to these Interrogatories as Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company become aware that the answers to each question set forth above either changes or if additional information is obtained by Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company.

ANSWER:

yes

STATE OF MICHIGAN)
)
COUNTY OF Oakland)

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.

Personal Representative of Charles Williamson

Subscribed and sworn to before me
this ____ day of _____, 2019.

_____
Notary Public

County of
State of Michigan
My commission expires:

Date: February 10, 2020

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4/10457 6/ Date of Loss: 10 / 3 / 2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2018

Date 1 Hours:	Date 2 Hours:	Date 3 Hours:	Date 4 Hours:	Date 5 Hours:	Date 6 Hours:	Date 7 Hours:
Date 8 Hours:	Date 9 Hours:	Date 10 Hours:	Date 11 Hours:	Date 12 Hours:	Date 13 Hours:	Date 14 Hours:
Date 15 Hours:	Date 16 Hours:	Date 17 Hours:	Date 18 Hours:	Date 19 Hours:	Date 20 Hours:	Date 21 Hours:
Date 22 Hours:	Date 23 Hours:	Date 24 B, E, I Hours: 16	Date 25 B E I Hours: 16	Date 26 B E I Hours: 16	Date 27 B E I Hours: 16	Date 28 B E I Hours: 16
Date 29 B E I Hours: 16	Date 30 B E I Hours: 16	Date 31 B E I Hours: 16				

Signature: [signature] Date: 12/31/18

Total Hours: 128

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: January Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: Lirrice D Brown Date: 1/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: February Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 Hours:	Date 30 Hours:	Date 31 Hours:				

Signature: [signature] Date: 2/28/19

Total Hours: 448

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: March Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: X Lirrice D Brown Date: 3/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 40104516 Date of Loss: 10/31/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: April Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 4/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: May Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 5/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: June Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 6/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451.101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: July Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 7/31/19

Total Hours: 496

RECEIVED by MSC 8/16/2023 1:31:57 PM

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: August Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 8/31/19

Total Hours: 496

RECEIVED by MSC 8/16/2023 1:31:57 PM

RECEIVED by MCOA 12/16/2021 4:10:37 PM

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: September Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 9/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: October Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 10/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: November Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 11/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 12/31/19

Total Hours: 496

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

1/31/2019
DATE

Eunice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010f81601

2) The following household/replacement services have been provided for: Chanel Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

2/28/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4W104551601

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

3/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

4/21/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010ft5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

5/21/19
DATE

X Eunice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010FB1101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

6/30/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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RECEIVED by MCOA 12/16/2021 4:10:37 PM

REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

7/31/19
DATE

Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4000451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

8/31/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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RECEIVED by MCOA 12/16/2021 4:10:37 PM

REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401024516 01

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Livrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

9/20/19
DATE

X Livrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010751161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	Driving	Watching children
✓ Doing Laundry	Gardening	Bathing children
Cleaning house	Mowing the grass	Activities with children
Washing windows	✓ Taking out garbage	Anything requiring bending
Grocery shopping	Shoveling snow	Anything requiring lifting
✓ Lifting & carrying groceries	Household repairs	Caring for pets

5) I affirm that this document is true and accurate.

10/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010H5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

11/20/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

12/31/19
DATE

Lirrice D Brown
SIGNATURE OF CARE GIVER

EXHIBIT C

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 12/1/2020 2:45 PM Monica Atkinson

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RECEIVED by MCOA 12/16/2021 4:10:37 PM

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and,
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of Charles Williamson (deceased),

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

DEFENDANT, AAA OF MICHIGAN'S
MOTION FOR SUMMARY DISPOSITION

NOW COMES Defendant, AAA OF MICHIGAN, by and through its attorneys, ANSELMI MIERZEJEWSKI RUTH & SOWLE P.C., and pursuant to MCR 2.116(C)(10), states as follows:

1. On October 22, 2020, Plaintiff Charles Williamson's personal representatives of his estate ("Plaintiff's Estate") filed this Complaint seeking no-fault benefits from AAA of Michigan ("Defendant") for injuries allegedly arising out an October 30, 2018 motor vehicle accident.

2. That in its Answers to Defendant's Interrogatories, Plaintiff claimed reimbursement of attendant care and replacement services that was allegedly performed after

Plaintiff passed away. (**Exhibit A**- Plaintiff's Discovery Responses).[1]

3. That in its Answers to Defendant's Interrogatories, Plaintiff indicated that he is making a claim for replacement services and attendant care and to see attached documents. *Id.*

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;
b. The date or dates upon which said services were provided;
c. Specify the services performed on each date;
d. The amount of loss of services benefit you claim in regard to each person;
e. The amount of money which you have paid to each person in regard to said services;
f. The form of payment to each person, i.e., cash or check or by some other means;
g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

a-g Lirrice Brown. See attached services forms

Id.

[1] Defendant deleted irrelevant pages for brevity.

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4. That the replacement services and attendant care calendars attached to Plaintiff's Interrogatory Answers indicate Plaintiff received these services in November and December, 2019.

5. That unfortunately, Plaintiff passed away on October 23, 2019. (**Exhibit B**- Plaintiff's Obituary).

6. That Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories indicating that she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id.

7. That therefore, Plaintiff has misrepresented information in support of his claim for No-Fault benefits and is ineligible for benefits.

8. *Mina v Gen Star Indemnity Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) held that "[a] statement is material if it is reasonably relevant to the insurer's investigation of a claim." (rev'd in part on other grounds).

9. The unpublished Michigan Court of Appeals decision in *McCune v Allstate Ins Co*, 2019 WL 137150 states that "facts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested" are material. (**Exhibit C**).

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10. MCL 500.3173a(4)[2] states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as a part of or in support of a claim to the Michigan Automobile Insurance Placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to penalties imposed under section 4511. A claim that contains or is supported by fraudulent insurance act as described in the section is ineligible for payment or benefits under the assigned claims plan.

11. The Michigan Court of Appeals in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) found a plaintiff was **completely barred from recovering any No-Fault benefits** pursuant to MCL 500.3173a(2) for fraudulently claiming attendant care that was never rendered.

12. That Plaintiff's estate knowingly presented material misrepresentations in support of Plaintiff's claim for benefits and is completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(4).

13. That pursuant to MCR 2.116(C)(10), summary disposition is appropriate where there is no genuine issue of material fact, and the moving party is entitled to judgment as a matter of law. MCR 2.116(C)(10).

14. That in this case, there is no genuine issue of material fact that Plaintiff was deceased when he allegedly received attendant care and replacement services in November and December, 2019. Thus, Plaintiff made material misrepresentations in support of his claim for No-Fault benefits, and Defendant is entitled to dismissal of Plaintiff's claim as a matter of law.

WHEREFORE, Defendant, AAA OF MICHIGAN, respectfully requests that this Honorable Court grant Defendant's Motion for Summary Disposition pursuant to MCR 2.116(C)(10) and enter an Order dismissing Plaintiff's case with prejudice. Moreover, Defendant

[2] MCL 500.3113a(4) is formerly MCL 500.3113a(2).

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is entitled to reasonable costs and attorney fees incurred in having to defend this action under MCR 2.114(D), (E), and (F).

Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: November 12, 2020

By: /s/ Rita Arabo
Rita Arabo (P75183)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290

BRIEF IN SUPPORT

Introduction and Statement of Facts

On October 22, 2020, Plaintiff Charles Williamson's personal representatives of his estate ("Plaintiff") filed this Complaint seeking no-fault benefits from AAA of Michigan ("Defendant") for injuries allegedly arising out an October 30, 2018 motor vehicle accident. In its Answers to Defendant's Interrogatories, Plaintiff claimed reimbursement of attendant care and replacement services that were allegedly performed after Plaintiff passed away. (**Exhibit A**). In its Answers to Defendant's Interrogatories, Plaintiff indicated that he is making a claim for replacement services and attendant care and to see attached documents. *Id.* The replacement services and attendant care calendars attached to Plaintiff's Interrogatory Answers indicate Plaintiff received these services in November and December, 2019. Unfortunately, Plaintiff passed away on October 23, 2019. (**Exhibit B**). Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories indicating that she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**). Therefore, Plaintiff has misrepresented information

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in support of its claim for No-Fault benefits and is ineligible for benefits.

Standard of Review

A motion under MCR 2.116(C)(10) tests the factual sufficiency of the Complaint. In evaluating a motion brought under MCR 2.116(C)(10), a court considers pleadings, depositions, admissions and documentary evidence filed in the action or submitted in a light most favorable to the non-moving party. *Maiden v Rozwood*, 461 Mich 109 (1999). A trial court may grant the motion brought under MCR 2.116(C)(10) if there is no genuine issue with respect to any material facts, and the moving party is entitled to judgment as a matter of law. *Smith v Globe Life Ins Co*, 460 Mich 446 (1999). However, "[a] litigant's mere pledge to establish an issue of fact at trial cannot survive summary disposition under MCR 2.116(C)(10)." *Maiden*, 461 Mich at 121. The reviewing court should evaluate the motion by "considering the substantively admissible evidence actually proffered in opposition to the motion." *Id.* However, a mere promise to provide evidence to support a claim is insufficient. *Id.*

Argument

I. Plaintiff Made Material Misrepresentations In Support of His Claim for No-Fault Benefits, and As Such, Committed a Fraudulent Insurance Act Pursuant to MCL 500.3173a(4) and is Ineligible for Benefits

Defendant moves for summary disposition pursuant to the application of MCL 500.3173a(4), previously MCL 500.3173a(2), which states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan automobile insurance placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to the penalties imposed under section 4511. ***A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.*** [emphasis added].

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The Legislature has defined a fraudulent insurance act in MCL 500.4503, which states in pertinent parts:

> A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive . . .
>
> (c) Presents or causes to be presented to or by any insurer, any oral or written statement including computer-generated information as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false information concerning any fact or thing material to the claim.

Michigan Legislature has expressly stated in MCL 500.3173a that anyone who violates MCL 500.4503 is ineligible for benefits from an assigned claims insurer or the MACP. Plaintiff signed on his Application for Benefits the below fraud warning statements, acknowledging the risk he faced for committing fraudulent insurance acts:



Please note, if the top two boxes below are not acknowledged and the application is not signed and dated, the application will be considered incomplete and will be returned to the injured person or the preparer for further completion.

X I have reviewed the application in its entirety and attest that the information contained therein is true and accurate. If I am a medical provider and am submitting this application on behalf of the injured person, I attest that I have knowledge of the information provided, have thoroughly investigated and verified all documented information and have knowledge that all the information documented is true and accurate.

X I acknowledge I have read the following fraud warning:

FRAUD WARNING

A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan Automobile Insurance Placement Facility for payment or any other benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 of the insurance code that is subject to the penalties imposed under section 4511. A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the Assigned Claims Plan.

X I understand that if benefits are paid to me or for my benefit, the owner of the insured, uninsured vehicle will be financially responsible for reimbursement of all no fault benefits paid and costs associated with this claim pursuant to the Michigan No Fault Act.

X If I provided an email address, I understand that future correspondence and information regarding this claim may be exchanged via the email contact provided.

Signature of Injured Person or Representative	Printed Name of Injured Person or Representative	Date:
X Charles Williamson	X Charles Williamson	12/14/2018
Signature of Preparer (if different than above)	Printed Name of Preparer (if different than above)	Date:
X Kimberly Taylor	X Kimberly Taylor	12/14/2018

Who prepared this application? ☐ Injured Person ☐ Attorney X Third Party Biller
☐ Parent ☐ Legal Guardian

Preparer Name and Company: Kimberly Taylor The Lakeland Center

Address: 24900 Franklin Road

City: Southfield State: MI Zip Code: 48033

Phone Number: 248-350-8870

If the preparer is a medical provider: Do you have an assignment of benefits?
X Yes ☐ No If Yes, please attach.

Michigan Assigned Claims Plan
c/o Michigan Automobile Insurance Placement Facility
PO Box 532818
Livonia, MI 48153-2318
www.michacp.org Phone: 734-464-8111
Email: info@michacp.org
Fax: 734 744-8552

(**Exhibit C**- Application for Benefits).

a. The Information in Plaintiff's Attendant Care Claim Is Material to His

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Claim for No-Fault Benefits

"A statement is material if it is reasonably relevant to the insurer's investigation of a claim." *Mina v Gen Star Indem Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) (rev'd in part on other grounds). "[F]acts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested" are material to a claim for benefits. *McCune v Allstate Ins Co*, 2019 WL 137150. (**Exhibit C**). "An individual analysis based on the facts of each case is required, and where there is a question of fact as to any of the elements, summary disposition is improper." *Pitts v Doe*, 2018 WL 4002049, citing *Shelton v Auto-Owners Co*, 318 Mich App 648, 656, 659-660; 899 NW2d 744 (2017).

In this case, there is no question of fact whether Plaintiff's attendant care and replacement services claims are material to his claim for No-Fault benefits. These are services Plaintiff alleged he required as a result of his alleged injuries related to the alleged at-issue accident.

b. Plaintiff Knowingly Presented Materially False Information to the MAIPF and Defendant

This Honorable Court considered the fraud provision of MCL 500.3173a(2) in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) where it held that because the plaintiff knowingly made false and material statements in his replacement services calendars that were used to support a claim submitted to the MAIPF and its servicing insurer, a fraudulent insurance act was committed and the plaintiff was precluded from recovering ***any*** No-Fault benefits. *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017).

The plaintiff in *Candler* was struck by a hit-and-run driver. *Id*. at 775. The plaintiff was uninsured at the time of the accident and the identity of the driver was unknown. *Id*. Therefore, the

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plaintiff made a claim with the MAIPF that was assigned to Farm Bureau, who eventually paid over $150,000 in No-Fault benefits. *Id*. at 776. The plaintiff submitted claims for replacement services in the form of service calendars for August, September, and October of 2015. *Id*. The calendars included the signature of the plaintiff's brother and alleged that he provided replacement services to the plaintiff during those months. *Id*. However, during the course of discovery, it was uncovered that the plaintiff did not receive replacement services from the alleged provider for several of the months that were submitted for payment. *Id*. In turn, Farm Bureau filed a motion for summary disposition arguing that the plaintiff's false statement precluded his recovery of any No-Fault benefits pursuant to MCL 500.3173a(2), which was denied at the trial level and reversed by this Honorable Court. *Id*.

On appeal, Farm Bureau argued that MCL 500.3173a(2) plainly indicates that the plaintiff was ineligible to receive ***any*** No-Fault benefits as a result of the forged signatures and false representation that services were performed by the provider. *Id*. at 778. This Honorable Court agreed with Farm Bureau and noted that, in order to qualify as part of a fraudulent insurance act, "***the false statement merely must have been presented 'as part of or in support of a claim for payment or another benefit."*** *Id*. at 784. As such, a person commits a fraudulent insurance act under the statute when the claimant (1) presents or causes to be presented an oral or written statement; (2) which is part of or in support of the claim for No-Fault benefits; (3) where the claim was submitted to the MAIPF; and (4) the person knows that the statement contained false information; and (5) the statement must have concerned a fact or thing material to the claim. *Id*. at 779-80.

This Honorable Court applied the interpretation of MCL 500.3173a(2) and held that there was no genuine issue of material fact that a fraudulent insurance act was committed when the

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calendars were submitted. The opinion also stated that although the claim was essentially assigned to Farm Bureau it was nonetheless being processed through the MAIPF. *Id*. at 781. This Honorable Court held that *"**[n]o reasonable jury could conclude that plaintiff . . . was not aware that he was submitting false information that was material to his claim for No-Fault benefits.***" *Id*. at 781-82 (emphasis added). Therefore, this Honorable Court concluded that Farm Bureau's Motion for Summary Disposition should have been granted as plaintiff was ineligible to recover ***any*** No-Fault benefits through the MAIPF or its servicing insurer pursuant to MCL 500.3173a(2).

An unpublished *per curiam* opinion in *Farrell v Farm Bureau Insurance*, No. 335979, 2017 WL 5759800, (Mich Ct App, November 28, 2017) held a plaintiff completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(2). (**Exhibit F**). In *Farrell*, the Court of Appeals held that the "***plaintiff's subsequent statements in support of that claim were false and clearly aimed at concealing the fact he was terminated***." This Honorable Court stated that it was clear that the plaintiff made a material misrepresentation regarding his wage loss claim the plaintiff clearly had knowledge that he was terminated at the time of his deposition testimony and further made misrepresentations in his answers to interrogatories to conceal the fact that he was terminated. This Honorable Court completely barred the plaintiff's recovery of any No-Fault benefits pursuant to MCL 500.3173a(2).

Farrell also clarified that the correct standard for analyzing fraud in an assigned claims lawsuit is MCL 500.3173a(2) – which **does not contain an intent element** – and not *Bahri v IDS Property Cas Ins*, 308 Mich App 420; 864 NW2d 609 (2014), the fraud standard under a *policy* lawsuit, which *does* contain an intent element. *Farrell* held that the trial court had erred in ruling that *Bahri* was applicable. This Honorable Court held that *Bahri* was distinguishable from the facts in *Farrell* as the former dealt with the application of a fraud exclusion provision in a No-Fault

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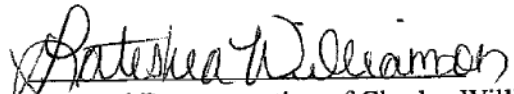
insurance policy. Conversely, the issue in *Farrell* was whether the plaintiff was entitled to recover No-Fault benefits through the MAIPF in light of the fraud provision of MCL 500.3173a(2). In short, this Honorable Court found that trial court had no business applying the fraud standard at play in *Bahri*, a policy lawsuit, to the facts of *Farrell*, an assigned claims lawsuit. This Honorable Court identified and analyzed the language of the fraud provision of MCL 500.3173a(2), the proper standard, and held that *a claimant who submits knowingly false information to the MAIPF in support of a claim for No-Fault benefits is entirely barred from recovery.*

Additionally the Court held that given the two fraud warnings the plaintiff acknowledged on his Application for Benefits, the plaintiff could not claim that he did not read the document and cannot claim ignorance as to the content of the application. The Court reasoned that "Michigan law presumes that one who signs a written agreement knows the nature of the instrument so executed and understands its contents." Galea v FCA US LLC, 323 Mich App 360, 369; 917 NW2d 694 (2018).

In this case, Plaintiff's representative of his estate signed its Answers to Defendant's Interrogatories indicating she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id.

She also signed the Application for Benefits indicated she acknowledged the two fraud warnings. There are no questions of fact whether Latshea Williamson knew Plaintiff was deceased when she

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signed the Discovery Responses and Application for Benefits. Thus, Plaintiff knowingly submitted misrepresentations in support of its claim for No-Fault benefits to Defendant. Application of the facts of Plaintiff's misrepresentations to the MAIPF and Defendant demonstrate unequivocally that his estate is barred from receiving No-Fault benefits through an assigned servicing insurer of the MAIPF pursuant to MCL 500.3173a(2).

Conclusion

Plaintiff's Estate made misrepresentations in support of his claim for No-Fault benefits, which renders it in violation of MCL 500.3173a2 and bars it from collecting No-Fault benefits. No genuine issues of material fact exist—Plaintiff was deceased when his estate submitted the Application for Benefits and Answers to Defendant's Interrogatories and the estate knew this fact. Despite this, Plaintiff provided replacement services and attendant care calendars after Plaintiff was deceased.

WHEREFORE, Defendant, AAA of Michigan, respectfully requests that this Honorable Court grant Defendant's Motion for Summary Disposition pursuant to MCR 2.116(C)(10) and enter an Order dismissing Plaintiff's case with prejudice. Moreover, Defendant is entitled to reasonable costs and attorney fees incurred in having to defend this action under MCR 2.114(D), (E), and (F).

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Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: November 12, 2020

By: /s/ Rita Arabo

Rita Arabo (P75183)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
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(248) 338-2290

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EXHIBIT A

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;

b. Your present address and state of residency;

c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;

d. Your date and place of birth;

e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

a. The total period of disability for which you claim these benefits, e.g., 1/1/90 to 2/1/90;
b. The total amount of wage loss no-fault benefits you claim to the date that you answer these Interrogatories;
c. On what daily, weekly, or monthly wage loss rate is your claim based.

ANSWER:

Allowable Expenses

26. Please state whether or not you have suffered any additional financial losses as a result of the incident complained of, other than those covered by the preceding Interrogatories; if so, please state the following:

a. The nature and the amount of such losses;
b. The date(s) thereof;
c. The names and addresses of any person(s) to whom any money so claimed as additional loss is paid or owing.

ANSWER:

27. Do you claim allowable medical expense no-fault benefits pursuant to MCL §500.3107(a) in this lawsuit?

ANSWER:

28. If your answer to Interrogatory 27 is yes, please provide the following information as to each doctor, hospital or person who has rendered medical services to you and list separately each medical expense claimed:

a. The name of the doctor, hospital or person rendering the medical service;
b. The total amount of medical expense benefits claimed for each doctor, hospital, etc.;
c. Dates of treatment;

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

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a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

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All records listed in answer to 54 plus the claim file and deposition transcript.

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

58. If you claim attendant care services pursuant to MCL §500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached

59. If you claim attendant care services pursuant to MCL §500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

$14.00

60. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;

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c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

See attached

61. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Hours performed times $14.00 an hour

62. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she claims in the case at bar.

ANSWER:

Pursuant to the doctor's orders

63. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

See answer to number 54

64. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

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ANSWER:

See attached forms

65. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

Asked and answered.

66. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;
c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

Asked and answered.

67. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Asked and answered.

68. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she

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claims in the case at bar.

ANSWER:

Asked and answered.

69. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

Asked and answered.

Public Media

70. Please provide:

a. Your current email address;
b. Any and all former email addresses you have used for the past 3 years;
c. Any and all websites you maintain and/or domain names registered to you.

ANSWER:

unknown

71. Do you participate in any social or professional networking, blogging or Journaling website? Examples include but are not limited to: Face book, MySpace, LinkedIn, Webkinz, Classmates.com, Twitter, Friendster, and Blogger.com.

ANSWER:

no

72. If your answer to the previous interrogatory is yes, please provide a complete list of the website you use, and also provide:

a. Any and all names, user ID's, user names or email address for social and/or

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professional networking sites or blogs;

b. Please state which user name corresponds to which website;

c. How long you have used said website and/or blog;

d. The last date you logged into and/or updated said website;

ANSWER:

none

73. Please identify the owner of the vehicle you occupied at the time of the accident by name, address, phone number and relationship to you, if any.

a. Pursuant to MCR 2.310, please attach copies of each and every document or thing which supports your identification of the owner.

ANSWER:

See police report

74. Please provide the cell phone number and provider for your mobile communication equipment which was in effect on the date of the accident, and 30 days after the accident date.

ANSWER:
313-808-8611
Metro PCS

Medicaid/Medicare

75. Does Plaintiff qualify for Medicare/Medicaid benefits?

ANSWER:

yes

76. If so, has Plaintiff received Medicare/Medicaid benefits at any time since the incident at issue in this case? If yes, then state:

a. When Plaintiff and/or Medicare/Medicaid recipient first began to receive Medicare/Medicaid benefits;

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b. Is there a lien for the benefits received on Plaintiff and/or Medicare/Medicaid recipient's claim in this case;

c. Has this lawsuit been reported to the COBC;

d. Have you requested and/or received a Conditional Payment Letter?

   i. If a Conditional Payment Letter has been received, attach a copy of the letter to these Interrogatories pursuant to MCR 2.310.

   ii. What is the last treatment date for the claims included within the Conditional Payment Letter?

   iii. Are any charges included within the Conditional Payment Letter/Lien disputed? If so, please state:

      1. The amount of the disputed claims.
      2. The date of the disputed claims.
      3. The name and contact information for the treater whose claim is disputed.
      4. State with specificity, the reason that the claim is being disputed by Plaintiff and/or Medicare/Medicaid recipient;
      5. Whether any decision has been issued by Medicare/Medicaid regarding the disputed claim.

e. Has Plaintiff and/or Medicare/Medicaid recipient had any treatment since the Conditional Payment Letter was issued? If so, state:

   i. The date of said treatment;

   ii. Where this treatment was provided;

   iii. The name and contact information of the person and/or entity providing said treatment;

   iv. State with specificity, the nature of the treatment provided;

   v. Were there any costs associated with said treatment? If so, state:

      1. The total cost of said treatment;
      2. Who paid for the cost of this treatment;
      3. Attach a copy of the bills for said treatment pursuant to MCR 2.310.

ANSWER:

Asked and answered.

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77. For the purposes of allowing Defendant to provide notice to CMMS, state:

a. Plaintiff and/or Medicare/Medicaid recipient's social security number;
b. Plaintiff and/or Medicare/Medicaid recipient's HICN Number;
c. Plaintiff and/or Medicare/Medicaid recipient's full name;
d. Whether Plaintiff and/or Medicare/Medicaid recipient's ever sought Medicare/Medicaid benefits under any other name. If so, please state each name under which benefits were sought and/or received;
e. Plaintiff and/or Medicare/Medicaid recipient's date of birth;
f. The date of the alleged incident giving rise to this Complaint;
g. The alleged cause of injury, accident or illness;
h. ICD-9 Diagnosis Code numbers (1) through (19), if applicable;
i. Plaintiff and/or Medicare/Medicaid recipient's attorney's law firm tax ID number.

ANSWER:
Asked and answered.

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78. Does the Plaintiff agree to voluntarily supplement Plaintiff's Answers to these Interrogatories as Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company become aware that the answers to each question set forth above either changes or if additional information is obtained by Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company.

ANSWER:

yes

STATE OF MICHIGAN)
)
COUNTY OF Oakland)

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.

Personal Representative of Charles Williamson

Subscribed and sworn to before me
this ____ day of _____, 2019.

_____
Notary Public

County of
State of Michigan
My commission expires:

Date: February 10, 2020

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4/10457 6/ Date of Loss: 10/13/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2018

Date 1 Hours:	Date 2 Hours:	Date 3 Hours:	Date 4 Hours:	Date 5 Hours:	Date 6 Hours:	Date 7 Hours:
Date 8 Hours:	Date 9 Hours:	Date 10 Hours:	Date 11 Hours:	Date 12 Hours:	Date 13 Hours:	Date 14 Hours:
Date 15 Hours:	Date 16 Hours:	Date 17 Hours:	Date 18 Hours:	Date 19 Hours:	Date 20 Hours:	Date 21 Hours:
Date 22 Hours:	Date 23 Hours:	Date 24 B, E, I Hours: 16	Date 25 B E I Hours: 16	Date 26 B E I Hours: 16	Date 27 B E I Hours: 16	Date 28 B E I Hours: 16
Date 29 B E I Hours: 16	Date 30 B E I Hours: 16	Date 31 B E I Hours: 16				

Signature: [signature] Date: 12/31/18

Total Hours: 128

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: January Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: Lirrice D Brown Date: 1/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: February Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 Hours:	Date 30 Hours:	Date 31 Hours:				

Signature: [signature] Date: 2/28/19

Total Hours: 448

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: March Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: X Lirrice D Brown Date: 3/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 40104S101 Date of Loss: 10/31/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: April Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 4/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: May Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 5/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: June Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 6/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451.101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: July Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 7/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: August Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 8/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: September Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 9/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: October Year: 2019

Date 1 BEI Hours: 16	Date 2 BEI Hours: 16	Date 3 BEI Hours: 16	Date 4 BEI Hours: 16	Date 5 BEI Hours: 16	Date 6 BEI Hours: 16	Date 7 BEI Hours: 16
Date 8 BEI Hours: 16	Date 9 BEI Hours: 16	Date 10 BEI Hours: 16	Date 11 BEI Hours: 16	Date 12 BEI Hours: 16	Date 13 BEI Hours: 16	Date 14 BEI Hours: 16
Date 15 BEI Hours: 16	Date 16 BEI Hours: 16	Date 17 BEI Hours: 16	Date 18 BEI Hours: 16	Date 19 BEI Hours: 16	Date 20 BEI Hours: 16	Date 21 BEI Hours: 16
Date 22 BEI Hours: 16	Date 23 BEI Hours: 16	Date 24 BEI Hours: 16	Date 25 BEI Hours: 16	Date 26 BEI Hours: 16	Date 27 BEI Hours: 16	Date 28 BEI Hours: 16
Date 29 BEI Hours: 16	Date 30 BEI Hours: 16	Date 31 BEI Hours: 16				

Signature: [signature] Date: 10/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: November Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: X [signature] Date: 11/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (_____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 12/31/19

Total Hours: 496

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401045161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

1/31/2019
DATE

Eunice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010f31601

2) The following household/replacement services have been provided for: Chanel Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

2/28/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4W104551601

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

3/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

4/21/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010ft5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

5/21/19
DATE

X Eunice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010FB1101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

6/30/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

7/31/19
DATE

Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4000451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

8/31/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401024516 01

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Livrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

9/20/19
DATE

X Livrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010751161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

10/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010H5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

11/20/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

12/31/19
DATE

Lirrice D Brown
SIGNATURE OF CARE GIVER

EXHIBIT B

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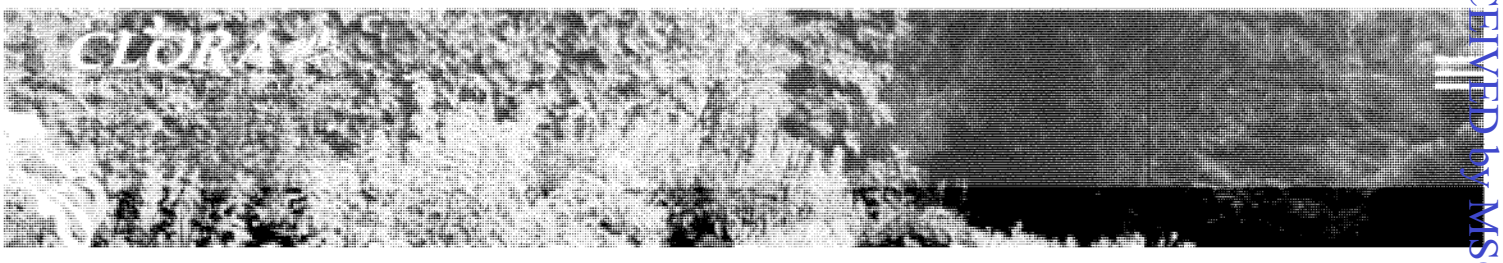
Detroit East: (313) 368-0100 River Rouge: (313) 843-0100 Detroit West: (313) 914-3334



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MR. CHARLES WILLIAMSON

January 22, 1959 - October 23, 2019

Login

PRINT

The family of MR. CHARLES WILLIAMSON created this Life Tributes page to make it easy to share your memories.

Send Beautiful Flowers

Share a Memory

Share

Obituary & Service	Share a Memory Below	Flowers & Gifts
No obituary.	A comforting word from you means a lot.	Send flowers to the WILLIAMSON's family.
View More	Share a Memory	Send Flowers

Tribute Wall | Photos & Videos | **Family Dates** | + More

Birthdays

CHARLES WILLIAMSON	Jan 22, 1959 - Oct 23, 2019	60 years

Anniversaries

No anniversaries yet.

You can contribute with this family by adding members and growing this family tree.

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EXHIBIT C

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2019 WL 137150
Only the Westlaw citation is currently available.

UNPUBLISHED OPINION. CHECK COURT RULES BEFORE CITING.

UNPUBLISHED
Court of Appeals of Michigan.

Emmanuel MCCUNE, Jr., Plaintiff-Appellant,
and
Northland Radiology, Inc., Excellent Pain Consultants, Inc., and Evoke Medical Services, Inc., Intervening Plaintiffs,
v.
ALLSTATE INSURANCE COMPANY, Defendant-Appellee.

No. 340476
|
January 8, 2019

Wayne Circuit Court, LC No. 16-006823-NF

Before: Murray, C.J., and Shapiro and Riordan, JJ.

Opinion

Per Curiam.

***1** In this action for personal protection insurance (PIP) benefits under the no-fault act, MCL 500.3101 *et seq.*, plaintiff[1] appeals as of right the trial court's orders granting defendant's motion for summary disposition, and denying his motion for reconsideration. We affirm.

I. FACTS AND PROCEDURAL HISTORY

On November 4, 2015,[2] plaintiff was hit by a vehicle while riding his bicycle. As plaintiff had no automobile insurance and could not identify the driver of the vehicle, he filed an application for PIP benefits with the Michigan Automobile Insurance Placement Facility (MAIPF) on November 30, 2015, and his claim was assigned to defendant through the Michigan Assigned Claims Plan (MACP). When defendant refused to pay the benefits requested, plaintiff filed the instant action on May 31, 2016, claiming that he suffered bodily injury in the November 2015 accident and was entitled to payment for all necessary medical and hospital expenses.

Defendant subsequently moved for summary disposition of plaintiff's complaint pursuant to MCR 2.116(C)(10), asserting that plaintiff was ineligible for benefits under MCL 500.3173a, the no-fault provision that governs claims made to the MAIPF, because he committed multiple fraudulent insurance acts in support of his claim. In response, plaintiff argued that to be successful on its motion for summary disposition, defendant had to demonstrate both knowledge and an intent to defraud, which it failed to do. Specifically, he asserted that the inconsistencies alleged were minor and immaterial to his claim for benefits, and that defendant did not detrimentally rely on the inconsistent statements. Ultimately, the trial court granted defendant's motion for summary disposition and dismissed plaintiff's complaint, determining that he committed multiple fraudulent insurance acts contrary to MCL 500.3173a(2) because it was undisputed that: (1) he failed to disclose preexisting injuries from a prior bus accident in his application for benefits, (2) his description of the November 2015 accident to his doctor and at his deposition did not comport with the EMS and traffic crash reports, or the testimony of his caretaker, (3) Facebook posts contradicted the disabilities he allegedly faced as a result of the injuries sustained in the accident, and (4) he provided an incorrect home address at his deposition. Plaintiff then filed a motion for reconsideration, which the trial court also denied.

II. ANALYSIS

"We review a trial court's decision on a motion for summary disposition under MCR 2.116(C)(10) de novo." *Candler v. Farm Bureau Mut Ins. Co. of Mich.*, 321 Mich. App. 772, 777; 910 N.W.2d 666 (2017). A motion under MCR 2.116(C)(10) tests the factual sufficiency of a complaint. *Id.* "In evaluating a motion for summary disposition brought under this subsection, a trial court considers affidavits, pleadings, depositions, and admissions, and other evidence submitted by the parties in the light most favorable to the party opposing the motion." *Id.* (quotation marks and citations omitted). " 'The moving party has the initial burden of supporting its position with documentary evidence, but once the moving party meets its burden, the burden shifts to the nonmoving party to establish that a genuine issue of disputed fact exists.' " *McNeill-Marks v. MidMichigan Med. Ctr.-Gratiot*,

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316 Mich. App. 1, 15; 891 N.W.2d 528 (2016) (citation omitted); see also MCR 2.116(G)(4). "A genuine issue of material fact exists when, viewing the evidence in a light most favorable to the nonmoving party, the record which might be developed ... would leave open an issue upon which reasonable minds might differ." *Bonner v. City of Brighton*, 495 Mich. 209, 220; 848 N.W.2d 380 (2014) (quotation marks and citation omitted). Questions of statutory interpretation are also reviewed de novo. *Candler*, 321 Mich. App. at 777.

***2** We hold that the trial court did not err when it granted defendant's motion for summary disposition. From the evidence presented, no reasonable jury could conclude that the inaccurate and inconsistent statements plaintiff made in support of his claim for benefits amounted to anything other than fraudulent insurance acts under MCL 500.3173a(2).[3]

MCL 500.3173a provides:

> (1) The [MAIPF] shall make an initial determination of a claimant's eligibility for benefits under the assigned claims plan and shall deny an obviously ineligible claim. The claimant shall be notified promptly in writing of the denial and the reasons for the denial.
>
> (2) A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the [MAIPF] for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under [MCL 500.4503] that is subject to the penalties imposed under [MCL 500.4511]. A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.

Although the plain language of MCL 500.3173a contains no element of intent, plaintiff cites the statute's reference to MCL 500.4503, as well as the elements of fraud as set forth in *Foreman v. Foreman*, 266 Mich. App. 132, 141; 701 N.W.2d 167 (2005),[4] to argue that defendant had to demonstrate both knowledge and an intent to defraud for his claim of benefits to be ineligible under MCL 500.3173a(2). MCL 500.4503 lists acts which, if performed with knowledge and the intent to defraud, constitute fraudulent insurance acts.[5] However, this element of intent is not incorporated into MCL 500.3173a simply by virtue of the statute's reference to MCL 500.4503. Rather, MCL 500.3173a(2) only references MCL 500.4503 to indicate that an individual may also commit a fraudulent insurance act if he or she fulfills the requirements stated, i.e., presents a statement in support of a claim to the MAIPF knowing the statement contains false information material to the claim. The plain language of MCL 500.4503 supports this conclusion, as it explicitly states that "[a] fraudulent insurance act includes, but is not limited to" those acts mentioned in the statute. Additionally, the elements of fraud as set forth in *Foreman*, 266 Mich. App. at 141, are inapplicable here. That case involved fraudulent misrepresentation in a divorce action, *id.* at 134, not a fraudulent insurance act under MCL 500.3173a(2).

***3** Indeed, this Court recently clarified that a person commits a fraudulent insurance act under MCL 500.3173a(2)

> when (1) the person presents or causes to be presented an oral or written statement, (2) the statement is part of or in support of a claim for no-fault benefits, and (3) the claim for benefits was submitted to the MAIPF. Further, (4) the person must have known that the statement contained false information, and (5) the statement concerned a fact or thing material to the claim. [*Candler*, 321 Mich. App. at 779-780.]

Additionally, "MCL 500.3173a(2) does not require that any particular recipient have received the false statement in order for the act to qualify as a fraudulent insurance act, as long as the statement was used 'as part of or in support of a claim to the [MAIPF].' " *Id.* at 780 (alteration in original).

The evidence defendant presented with its motion for summary disposition demonstrates that plaintiff made multiple statements that he knew contained false information in support of his claim for PIP benefits. First, plaintiff knowingly misrepresented the circumstances of the November 2015 accident itself. At his deposition, plaintiff testified that he never saw the vehicle involved, lost consciousness when struck, and remained on the ground until the ambulance arrived at the scene.[6] Similarly, according to the consultation notes of the doctor from whom plaintiff sought treatment after the accident, plaintiff indicated that he lost consciousness and awoke in the hospital. Yet the EMS and State of Michigan traffic crash reports, as well as the testimony of William Thomas, plaintiff's supposed caregiver, directly contradict plaintiff's statements. The EMS report, for example, states that plaintiff walked home following the accident and dialed 911 from his residence, while the traffic crash report provides that plaintiff walked home from the accident where he was met by medics, and was able to

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describe the vehicle that struck him. Further, Thomas testified at his deposition that he lived with plaintiff in November 2015, and that on the day of the accident, he was sitting on the porch when plaintiff came down the street limping. It was Thomas's stepdaughter that dialed 911.

Plaintiff asserts that he just could not remember where EMS picked him up and, thus, "the Trial Court erred in simply concluding that this was evidence that [he] was being dishonest instead of recognizing that there was a question of fact." But on the basis of the evidence described above, no reasonable jury could conclude that plaintiff was simply mistaken regarding his actions after the accident. He clearly stated, to his doctor and at his deposition, that he was knocked unconscious and unable to walk home after the accident, when the reports and witness testimony indicate the opposite. Nor do we find merit in plaintiff's argument that the EMS pick-up location is immaterial to his claim for benefits. His false statements relate not just to the location of the ambulance, but to the severity of the accident and the injuries he suffered as a result, facts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested. See *Bahri v. IDS Prop. Cas. Ins. Co.*, 308 Mich. App. 420, 425; 864 N.W.2d 609 (2014) ("A statement is material if it is reasonably relevant to the insurer's investigation of a claim.") (quotation marks and citation omitted).[7]

***4** Similarly, plaintiff knowingly omitted information regarding preexisting injuries in his application for benefits, which may have impeded defendant's investigation of plaintiff's claim. In plaintiff's application for benefits to the MACP, he checked the box "Not Applicable" in response to the question "Had you sought treatment for any prior conditions before this accident?" However, at his deposition, plaintiff acknowledged injuring his back and right leg in March 2014, when a bus he was riding on "smacked into" something.

Plaintiff argues that the failure to acknowledge his injuries from the March 2014 bus accident in his application for benefits was a simple mistake, but the evidence presented overwhelmingly supported the trial court's finding that he knowingly excluded this information. Medical records from 2014 attached to defendant's motion for summary disposition show that plaintiff sought substantial treatment for these injuries. And plaintiff filed for Social Security Disability as a result of his injuries.[8] Thus, the evidence demonstrates that the prior accident greatly impacted plaintiff's life, and no reasonable jury could conclude that it was mistakenly excluded from his application for benefits. Moreover, the information was material to plaintiff's claim for benefits, especially considering that he suffered back injuries in both accidents.

Plaintiff's argument that defendant could not have detrimentally relied on his inaccurate statement in the application for benefits because he disclosed the 2014 accident throughout discovery, also fails. MCL 500.3173a(2) does not require that an insurance provider detrimentally rely on a claimant's false statements. See *Candler*, 321 Mich. App. at 779-780.

Because we have concluded that plaintiff's misrepresentations regarding the circumstances of the accident and his preexisting injuries constitute fraudulent insurance acts, and no reasonable jury could conclude otherwise, we need not address the trial court's conclusions with regard to plaintiff's address or the disabilities he allegedly suffered as a result of the November 2015 accident. Plaintiff is ineligible for benefits under MCL 500.3173a, and the trial court properly granted summary disposition. Affirmed.

Shapiro, J. (concurring).

I concur in the result because the evidence leaves no doubt that plaintiff did not inform defendant of his 2014 auto accident and injuries resulting from it. Given that he was engaged in litigation regarding the 2014 accident at the time he made the instant claim and has not proffered *any* reason for the failure to disclose it, I conclude that a reasonable jury would have to find that plaintiff made an intentional misrepresentation. In other words, there is unrebutted evidence that plaintiff knowingly, i.e., intentionally, failed to provide requested information of his prior accident and the corresponding injuries.

I disagree, however, with several aspects of the majority opinion. The majority largely focuses on differences between plaintiff's deposition testimony and the crash and EMS reports. Specifically, there was a discrepancy between the testimony and the reports as to where the ambulance picked plaintiff up. Yet this is of little, if any, material consequence and there is no evidence that plaintiff's statement was made with intent to defraud rather than due to confusion or lack of memory following a traumatic event. The same can be said about the other inconsistences pertaining to details of the accident. The purpose of the statute excluding coverage when there is fraud is to prevent and punish real fraud, not

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to create a "gotcha" situation by which an insurer can avoid coverage simply by producing some evidence of a possible misstatement by a claimant who had no fraudulent intent; it certainly was not intended to allow insurers to monitor every action and word of an insured and then to proclaim the existence of fraud where any inconsistency is found.

Nor do I find that plaintiff's social media postings demonstrate, at least beyond a question of fact, that he was engaged in any other material misrepresentations. For instance, a video shows plaintiff walking for a very few minutes, which he has never claimed he cannot do. Only plaintiff's face is visible and there is no evidence of his gait or the presence or absence of a cane or brace. And plaintiff testified that he does not always use such devices. For those reasons, the video is not evidence, let alone conclusive evidence, that plaintiff misrepresented his condition.

Defendant also points to plaintiff's statement in a social media posting that he received a raise. However, there is no information about the nature of that work, e.g., whether it was physically demanding, the hours involved, etc. More to the point, plaintiff has not made a wage-loss claim. Plaintiff also posted a photograph of some equipment with a comment that he is at "the gym." This is not conclusive evidence of anything. Plaintiff explained that the location was his physical therapy clinic and, in any event, going to a gym does not demonstrate a lack of injury.

I also disagree with the majority's view that fraudulent intent need not be shown. The requirements to prove fraud are well settled and have been applied in cases of all types for decades. See e.g., *Hi-Way Motor Co. v. Int'l. Harvester Co.*, 398 Mich. 330, 336; 247 N.W.2d 813 (1976). I see no basis to conclude that these standards should not be applied in this or any no-fault case. Further, MCL 500.3173a should be read together with MCL 500.4503 given that they relate to the same subject matter, *SBC Health Midwest, Inc. v. Kentwood*, 500 Mich. 65, 539 n 26; 894 N.W.2d 535 (2017), and that the former expressly refers to the latter, see *McCahan v. Brennan*, 492 Mich. 730, 741-742; 822 N.W.2d 747 (2012). Moreover, the terms of MCL 500.3173a require that the claimant knowingly made a false statement material to the claim. I do not see how this is distinct from the scienter requirement that has always been required to show fraud. Under the majority's view, a mere misstatement can result in denial of PIP benefits even if there is no dispute that the individual was injured in a motor-vehicle accident and received reasonably necessary care and treatment. Such a harsh interpretation of the statute clearly runs against the text and purpose of the no-fault act. See *Iqbal v. Bristol West Ins. Group*, 278 Mich. App. 31, 37; 748 N.W.2d 574 (2008) ("The purpose of the Michigan no-fault act is to broadly provide coverage for those injured in motor vehicle accidents without regard to fault.").

As alluded to above, the majority appears to suggest that even if there is a question of material fact, defendant is entitled to summary disposition because it has some evidence to support its position. The majority barely touches upon plaintiff's evidence—which includes his own testimony—and dismisses that evidence based on its view that defendant has stronger evidence. However, weighing the comparative strength of each side's evidence is plainly inconsistent with court rules. It is axiomatic that when deciding a motion for summary disposition, a court must consider the pleadings, affidavits, depositions, admissions and other documentary evidence submitted in the light most favorable to the *nonmoving* party, MCR 2.116(G)(5); *Joseph v. Auto Club Ins. Ass'n.*, 491 Mich. 200, 206; 815 N.W.2d 412 (2012), and that all reasonable inferences are to be drawn in favor of the *nonmovant*, *Dextrom v. Wexford Co.*, 287 Mich. App. 406, 415; 789 N.W.2d 211 (2010).

I agree with the majority that plaintiff's failure to disclose the 2014 accident and injuries constitutes an intentional misrepresentation. However, I would conclude that the remaining evidence presents a question of fact as to whether plaintiff committed fraud.

All Citations

Not Reported in N.W. Rptr., 2019 WL 137150

Footnotes

1 The intervening plaintiffs are not parties to this appeal. We refer to Emmanuel McCune, Jr. only as plaintiff throughout this opinion.

2 Plaintiff's application for PIP benefits lists the accident date as November 6, but his complaint as well as the EMS and State of Michigan traffic crash reports list November 4, 2015.

3 As a result, the trial court also did not abuse its discretion in denying plaintiff's motion for reconsideration.

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4 *Foreman*, 266 Mich. App. at 141 states, "To establish a claim of fraudulent misrepresentation, plaintiff was required to prove that: (1) defendant made a material representation; (2) the representation was false; (3) defendant knew, or should have known, that the representation was false when making it; (4) defendant made the representation with the intent that plaintiff rely on it; (5) and plaintiff acted on the representation, incurring damages as a result."

5 For example, MCL 500.4503(a) provides:
A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive:
(a) Presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer or any agent of an insurer, or any agent of an insurer, reinsurer, or broker any oral or written statement knowing that the statement contains any false information concerning any fact material to an application for the issuance of an insurance policy.

6 Further, when asked if EMS definitely picked him up from the scene, plaintiff said, "I think so," and when asked if he was unable to walk home after the accident, plaintiff said, "I think, yes."

7 We recognize that *Bahri* involved a claim for benefits under an insurance policy containing a fraud exclusion provision, *Bahri*, 308 Mich. App. at 423-426, and not a claim for benefits to the MAIPF under MCL 500.3173a, but see no reason why the *Bahri* Court's definition of materiality should not apply in this context.

8 Defendant also alleged in its motion for summary disposition that plaintiff was involved in a lawsuit related to the bus accident, which he denied at his deposition, but failed to attach the Register of Actions it included with its brief on appeal to the motion below. However, the trial court found that plaintiff had another lawsuit pending related to the 2014 accident, and plaintiff does not challenge this finding on appeal.

End of Document

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EXHIBIT D

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 4/27/2021 3:34 PM Tara Hickman

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and,
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of Charles Williamson (deceased),

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant,

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100
carlcollins3@attycarlcollins.com

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

ORDER GRANTING DEFENDANT'S MOTION FOR SUMMARY DISPOSITION

At a session of said Court, held in the
City of Detroit, County of Wayne, State of Michigan,

on 4/27/2021, 2021.

PRESENT: Muriel D. Hughes
Circuit Court Judge

This matter having come before on Defendant's Motion for Summary Disposition, briefs being submitted, oral argument being held, and the Court being more fully advised in the premises;

IT IS HEREBY ORDERED that Defendant AAA of Michigan's Motion for Summary Disposition is GRANTED for the reasons set forth on the record.

IT IS FURTHER ORDERED that Plaintiff committed a fraudulent insurance act by

knowingly presenting material misrepresentations in support of its claim for no-fault benefits, and that it is ineligible for payment or benefits pursuant to MCL 500.3173a.

IT IS SO ORDERED.

This is a final Order and does close this case.

/s/ Muriel D. Hughes 4/27/2021

Circuit Court Judge

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Approved, SCAO | Original - Court, 1st copy - Defendant | 2nd copy - Plaintiff, 3rd copy - Return HO

STATE OF MICHIGAN JUDICIAL DISTRICT 50th JUDICIAL CIRCUIT COUNTY PROBATE	SUMMONS	CASE NO. 19-014047-NF

Court address
1200 N Telegraph Rd. Pontiac, MI 48341

Court telephone no.
248-858-0582

Plaintiff's name(s), address(es), and telephone no(s).
Charles Williamson

v

Defendant's name(s), address(es), and telephone no(s).
AAA
John Bruno
Secretary and General Counsel
1 Auto Club Drive
Dearborn, MI 48126

Office of General Counsel
OCT 24 2019
RECEIVED

Plaintiff's attorney, bar no., address, and telephone no.
LAW OFFICE OF CARL L. COLLINS III
Carl L. Collins III (P55982)
Attorneys for Plaintiffs
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
855-CAR-HIT-U

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

☐ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
☐ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
☑ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in ☐ this court, ☐ _____ Court, where it was given case number _____ and assigned to Judge _____.

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk.

SUMMONS

NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court** (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date	Expiration date*	Court clerk

*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

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The Law Office of Carl Collins III, PLLC

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

CHARLES WILLIAMSON
Plaintiff,
v.

Case No. NF
Hon.

AUTO CLUB OF MICHIGAN and
AAA-MICHIGAN,
Defendants,
/

Office of General Counsel

OCT 24 2019

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LAW OFFICE OF CARL L. COLLINS III
Carl L. Collins III (P55982)
Attorneys for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100
/

There are no other pending or resolved civil actions arising out of the transaction or occurrence alleged in the complaint

COMPLAINT

NOW COMES the Plaintiff, CHARLES WILLIAMSON, by and through the Plaintiff's attorneys, LAW OFFICE OF CARL L. COLLINS III, and in the Plaintiff's Complaint against the Defendants, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, states the following:

JURISDICTION AND VENUE

1. This Court has jurisdiction over this action as the amount in controversy, exclusive of interest and costs, exceeds the sum of $25,000.00. MCL 600.605.
2. Venue is proper in this Circuit, pursuant to MCL 600.1621(a), as the Defendants resides or conducts business in Wayne County, in the State of Michigan.
3. The acts by the Defendants that form the basis of this legal action all occurred in Wayne County, in the State of Michigan.

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NOTICE

4. That as a result of the below occurrence CHARLES WILLIAMSON, suffered great physical and emotional injuries, not limited to serious impairment of body function, traumatic brain injury, L2-L3, L3-L4, L4-L5 disc buldge, L4-L5, L5-S1 and L4-L5 damages, right knee tear of the posterior horn, surgical changes, left fracture of the knee, permanent disfigurement, permanent injuries, aggravation of preexisting injuries, physical and emotional, pain and suffering, and mental anguish as a result of being struck by a vehicle on October 30, 2018 at 6:40 p.m. on Greenfield Rd, in the City of Detroit, County of Wayne and State of Michigan as said vehicle operated by FRED WESTBROOK and all witnessed by Marcus Holloway, 20064 Basil, Detroit, Mi, (313) 854-5207.
5. That this serves as notice under MCLA 500.3145 to Defendants AUTO CLUB OF MICHIGAN and AAA-MICHIGAN.
6. That the address of the Plaintiff under this notice shall be the above counsel for the Plaintiff.

COUNT I: BREACH OF CONTRACT

7. The Plaintiff incorporates all paragraphs by reference as though fully set forth herein.
8. That on or about October 30, 2018, CHARLES WILLIAMSON, was insured under the provisions of an automobile insurance policy issued by AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, then in effect in accordance with the provisions of the No-Fault Insurance Act (No-Fault), MCL 500.3101 *et seq.*
9. That pursuant to the No-Fault Act MCL 500.3114, the Defendants are the insurer having the highest order of priority to provide the Plaintiff personal injury protection (PIP) benefits coverage.

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10. That on or about October 30, 2018, upon the accidental injury of the Plaintiff, CHARLES WILLIAMSON, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, became obligated to provide the Plaintiff personal injury protection (PIP) benefits coverage, including, but not limited to medical bills, attendant care, replacement services and lost wages in accordance with the applicable No-Fault provisions.
11. That the Plaintiff have submitted notice of the Plaintiff's personal injury protection (PIP) benefits claim to AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, has refused and/or ignored same.
12. That the AUTO CLUB OF MICHIGAN and AAA-MICHIGAN,, assigned the Plaintiff a claim number of 401045161 and has failed and/or refused to pay or even acknowledge the Plaintiff's personal injury protection (PIP) benefits claims.
13. That the Defendants have breached the automobile insurance contract and the Defendants' statutory obligation to provide personal injury protection (PIP) benefits coverage to the Plaintiff.
14. That as a result of the Defendants failure and refusal to provide personal injury protection (PIP) benefits; the Plaintiff has sustained financial harm.
15. The Plaintiff requests that this Honorable Court enter an order compelling the Defendants to meet the Defendants' contractual and statutory obligation and award the Plaintiff damages of an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs and any other relief this Honorable Court deems appropriate for the Defendants' unreasonable refusal to pay personal injury protection (PIP) benefits.

COUNT II: DECLARATORY RELIEF

17. The Plaintiff incorporates all paragraphs by reference as though fully set forth herein.

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18. An actual controversy exists between the Plaintiff and the Defendants.

19. That the Court must determine the following:

a. The applicability of the No-Fault Act to the Plaintiff's claim;

b. The amount of wage loss benefits, replacement service expenses, medical expenses, no-fault interest, actual attorney fees or other benefits owed to the Plaintiff;

c. Any coverage or policy disputes between the Plaintiff and the Defendants and

d. Other determinations, orders and judgments necessary to fully adjudicate the rights of the parties.

20. The Plaintiff requests that this Honorable Court enter judgment against the Defendants in an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs, any other relief this Honorable Court deems appropriate, as well as all past, present and future personal injury protection (PIP) insurance benefits so wrongfully denied.

WHEREFORE, the Plaintiff prays that this Honorable Court enter judgment against the Defendants in an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs and any other relief that this Honorable Court deems appropriate for the Defendants' unreasonable refusal to pay personal injury protection (PIP) benefits.

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Respectfully Submitted,
LAW OFFICE OF CARL L. COLLINS III
By: /s/Carl L. Collins III
Carl L. Collins III (P55982)
Attorneys for Plaintiff

Date: October 21, 2019

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The Law Office of Carl Collins III, PLLC

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Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 01/2016)

External # 1201874 | Crash ID 1520337

Page 01 of 01
File Class

Incident # 1201874

Reviewer ROBERT CRESWELL

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8234912

Department Name: Detroit Police Department 12

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
10/30/2018	18:40	02	Single Motor Vehicle	● None ○ Fleeing Police ○ Hit and Run ○ Unknown ○ School Bus ○ Animal	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
82 - Wayne	None	On the Road	Rain	INTR Within Intersection

City/Twp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
99 - Detroit	None		Dark-Unlighted	Wet	05	35	Yes

Work Zone (If applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
	GREENFIELD			N

Distance / Direction: AT

Trafficway: Divided Hwy w/o Barrier

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
	GREENLODGE			W

VEHICLE / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	W452115001106O	01/22/1959 (59)	○ Operator ○ Chauffeur ○ Moped	○ Cycle ○ Farm ○ Recreation	M	00	Failed to Yield

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
P	CHARLES WILLIAMSON 19771 FORRER DETROIT, MI 48208	No	B	Pedestrian	No Belts Available

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
		Unknown			Not Equipped

Hospital: GENERIC HOSPITAL CODE

Ambulance: DETROIT FIRE DEPT EMS

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ● Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	○ Blood ○ Urine ○ Field ○ Refused ● Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
		Not Applicable		

Automation System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash
No	No Automation	No Automation

Insurance Company	Insurance Policy #	Towed By	Towed To

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
11	11	No Damage			In Roadway with Traffic

Sequence of Events (● Indicates MOST harmful event)
First: ● 17 - Motor Veh in Transport | Second | Third | Fourth

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital | Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital | Ambulance

TRUCK / BUS

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type | Endorsements: ○H ○P ○T ○N ○S ○X | CDL Exempt: ○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information

Damaged Property	Public	Owner & Phone

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UNIT

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	W231281071072	01/27/1981 (37)	● Operator ○ Chauffeur ○ Moped	○ Cycle ○ Farm ○ Recreation	M	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	FRED WESTBROOK 2005 RICHTON DETROIT, MI 48206 (248) 302-7689	Yes	O	Front - Left	Shoulder and Lap Belt

Driver Condition at Time of Crash	Driver Distracted By	Ejected	Trapped	Airbag Deployed
1st: Appeared Normal 2nd:	Unknown			Not Deployed

Hospital	Ambulance
NONE	NONE

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ● Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	○ Blood ○ Urine ○ Field ○ Refused ● Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
EXITUS	MI		2016	CHRYSLER	300S	RED

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
2C3CCAGG7GH170900	Passenger Car, SUV, Van	Not Applicable		

Automation System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash
No	No Automation	No Automation

Insurance Company	Insurance Policy #	Towed By	Towed To
CINCINATTI	A010727948		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
07	11	No Damage	S	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	● 15 - Pedestrian			

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

VEHICLE CONFIGURATION

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
	OH OP OT ON OS OX	○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNER

Owner Information	Owner Information

WITNESS

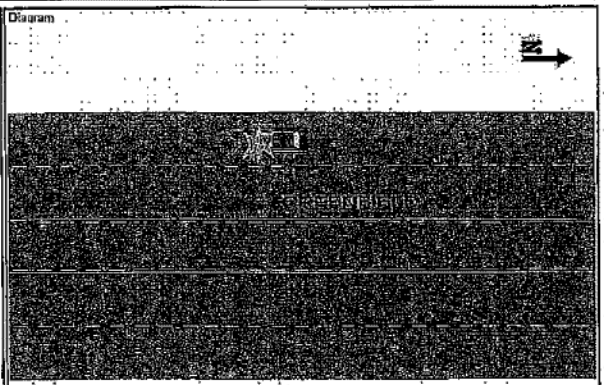
Witness Information	Witness Information
MARCUS HOLLOWAY 20064 BASIL DETROIT 48235 (313) 854-5207	

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
Yes	10/30/2018 (19:17)	LAMONT NELSON (4816)		No

Narrative

UNIT 1 WALKING WESTBOUND ACROSS GREENFIELD NOT USING CROSSWALK INTO ON COMING TRAFFIC THEN STRUCK BY UNIT 2 WHO WAS TRAVELING SOUTHBOUND ON GREENFIELD. UNIT 1 WAS CONVEYED TO PROVIDENCE HOSPITAL BY MEDIC 46 WHERE HE WAS LISTED IN STABLE CONDITION PER DR. PAUL MRN#109119917.

Diagram



INCIDENT/INVESTIGATION REPORT

INCIDENT DATA

Agency Name	Detroit Police Department
ORI	MI 8234900
Case#	181030-0353
Date / Time Reported	10/30/18 18:45 Tue
Last Known Secure	10/30/18 18:45 Tue
At Found	10/30/18 18:45 Tue
Location of Incident	W 8 Mile Rd/greenfield Rd, Detroit
Premise Type	Highway/road/alley
Zone/Tract	

	Crime Incident(s)	Weapon / Tools	Activity	Entry	Exit	Security
#1	Accident, All Other 97006 (Com)		N			
#2	Crime Incident ( )					
#3	Crime Incident ( )					

MO

VICTIM

# of Victims 1 | Type: INDIVIDUAL/ NOT LAW | Injury: Apparent Minor Injury

	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
V1	WILLIAMSON, CHARLES	1	01/22/59 Age 59	B	M	I99	Resident	

Home Address: 19771 FORRER ST, Detroit, MI 48235- | Home Phone: 313-465-0867

Employer Name/Address | Business Phone | Mobile Phone

VYR	Make	Model	Style	Color	Lic/Lis	VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: | Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address | Home Phone

Employer Name/Address | Business Phone | Mobile Phone

Type: | Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address | Home Phone

Employer Name/Address | Business Phone | Mobile Phone

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status From/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	03	0	$0.00		1	2016 RED, EXITUS MI	CHRY 300s	2C3CCAGG7GH170900

Officer/ID# Roe, Kayla C (WES, 12TH) [redacted]

Invest ID# (0) | Supervisor Claybourne, John R (WES, 12TH)

Status | Complainant Signature | Case Status Active 10/30/18 | Case Disposition | Page 1

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INCIDENT/INVESTIGATION REPORT

Detroit Police Department

Case # *181030-0353*

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type	
DRUGS						

Assisting Officers

Suspect Hate / Bias Motivated: *NONE*

NARRATIVE

The victim stated that at the date, time and location listed on the report they were the victim of a motor vehicle accident.

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REPORTING OFFICER NARRATIVE

Detroit Police Department		OCA 181030-0353
Victim: WILLIAMSON, CHARLES	Offense: ACCIDENT, ALL OTHER	Date / Time Reported: Tue 10/30/18 18:45

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

[10/30/2018 19:53, ROEK161, 1974]

PO KAYLA ROE 864
PO LAMONT NELSON 4816

ON 10/30/18 MY PARTNER AND I WERE DISPATCHED TO GREENFIELD/ LODGE SERVICE DRIVE FOR AN AUTO ACCIDENT INVOLVING A PEDESTRIAN.

WHEN I ARRIVED AT THE LOCATION I SPOKE TO OFFENDER WHO STATED HE STRUCK VICTIM WHO WAS CROSSING GREENFIELD HEADING WESTBOUND. OFFENDER WAS TRAVELING SOUTHBOUND ON GREENFIELD IN HIS 2016 CHRYSLER PLATE#EXITUS. OFFENDER STATED VICTIM WAS NOT USING A CROSSWALK AND WALKED INTO ONCOMING TRAFFIC.

VICTIM WAS CONVEYED TO PROVIDENCE HOSPITAL BY MEDIC 46 WHERE HE WAS LISTED IN STABLE CONDITION PER DR. PAUL MRN#109119917.

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Incident Report Suspect List

Detroit Police Department

OCA: *181030-0353*

1	Name (Last, First, Middle)	Also Known As	Home Address
	WESTBROOK, FRED III		[redacted]
	Business Address		

DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State
	37	*B*	*M*							

Scars, Marks, Tattoos, or other distinguishing features

Reported Suspect Detail	Suspect Age	Race	Sex	Eth	Height	Weight	SSN

Weapon, Type	Feature	Make	Model	Color	Caliber	Dir of Travel / Mode of Travel

Veh Yr/Make/Model	Drs	Style	Color	Lic/St	VIN

Notes

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Incident Report Related Vehicle List

Detroit Police Department

OCA: *181030-0353*

1	Veh Yr/Make/Model: *2016 CHRY, 300s*	Style:	Color: *RED*	Lic/Lis: *EXITUS MI 2018*	VIN: *2C3CCAGG7GH170900*	
	IBR Status: *None*	Date: *10/30/18*	Location: *W 8 MILE RD/GREENFIELD RD, DETROIT MI*			
	Condition:	Value: *$0.00*	Offense Code: *9999*	Jurisdiction: *Locally*	State #:	NIC #:
	Name (Last, First, Middle): ** No name **		Also Known As:		Home Address:	
	Business Address:					
	DOB	Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features

Notes

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STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE	FILE NO. 2020-854581-DE Judge David A. Perkins

Estate of Charles Williamson, Decedent

TO: Name, address, and telephone no.

Porsha Williamson
9213 West Pickwick Circle
Taylor, MI 48180
(313)685-3634

Lateshea Williamson
19771 Forrer
Detroit, MI 48235
(313)687-3937

You have been appointed and qualified as Co- Personal Representative of the estate on 01/08/2020.
Date

You are authorized to do and perform all acts authorized by law except as to the following:
Restrictions:

These letters expire: **3/5/2021**.
Date

01/08/2020
Date

Probate Register

SEE NOTICE OF DUTIES ON SECOND PAGE

DARREN M. FINDLING	51350	DARREN M. FINDLING	51350
Attorney name (type or print)	Bar no.	Attorney name (type or print)	Bar no.
414 W 5TH ST		414 W 5TH ST	
Address		Address	
ROYAL OAK, MI 48067-2545	(248)-399-3300	ROYAL OAK, MI 48067-2545	(248)-399-3300
City, state, zip	Telephone no.	City, state, zip	Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

JAN 08 2020
Date

Deputy Probate Register

The Letters of Authority are valid only if issued with the raised seal of the Wayne County Probate Court.

Do not write below this line - For court use only

MCL 700.3103; MCL 700.3307, MCL 700.3414,
MCL 700.3504, MCL 700.3601,;
MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

PC 572 (06/16) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

Porsha Williamson
9213 West Pickwick Circle
Taylor, MI 48180

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The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you. See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

CONTINUED ADMINISTRATION: If the estate is not settled within 1 year after the first personal representative's appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of the first personal representative's appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate. [MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

DUTY TO COMPLETE ADMINISTRATION OF ESTATE: You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

CHANGE OF ADDRESS: You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

Additional Duties for Supervised Administration

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

INVENTORY: You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative.
[MCL 700.3706, MCR 5.307, MCR 5.310(E)]

ACCOUNTS: You are required to file with this court once a year, either on the anniversary date that your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

ESTATE (OR INHERITANCE) TAX INFORMATION: You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

Additional Duties for Unsupervised Administration

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

INVENTORY: You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). You are also required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

ESTATE (OR INHERITANCE) TAX INFORMATION: You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

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STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	YOUR RESPONSIBILITIES AS PERSONAL REPRESENTATIVE	FILE NO. 2020-854581-DE

In the matter of Charles Williamson, Decedent

Claims. In almost all cases, notice to the decedent's creditors must be published in a newspaper. If you know of specific creditors of the decedent, they must be given a ***Notice to Known Creditors*** form. You must determine what creditors' claims, if any, should be paid. The estate cannot be closed if publication is required and was not done.

Inventory. The law requires you to file an ***Inventory*** listing all the estate's assets as of date of death within 91 days of the date you became personal representative. The Court will send you a notice and a blank ***Inventory*** form approximately a month before it is due. The Court will calculate the inventory fee, which the estate must pay within one year of the date you became personal representative. Failure to file the inventory may lead to your suspension and\or the case being administratively closed.

You Must File A Notice Of Continued Administration Annually. The law requires you to file a ***Notice of Continued Administration*** form each year the estate is open – it is due on the anniversary of the date you became personal representative. The Court will send you a notice and a blank ***Notice of Continued Administration*** form approximately a month before it is due. Failure to file the form may lead to your suspension as personal representative and\or the case being administratively closed. FAX [(313) 967-4030] or mail the form to the following address:

Wayne County Probate Court, General Office
1307 Coleman A. Young Municipal Center
2 Woodward Ave.
Detroit, MI 48226

All Letters of Authority issued by the Wayne County Probate Court include an expiration date of 56 days after the fiduciary's qualification anniversary date. Updated copies of Letters of Authority are $12 each, and can be paid by cash, check or money order made payable to the Wayne County Probate Court. Mail your request, along with a self-addressed return envelope, to the address listed below. Letters of authority can also be paid for in person by MasterCard or Discover. JPMorgan Chase Bank will charge a convenience fee of 2.49% that will be added to your payment amount for each transaction completed (minimum charge of $3.95).

Tell The Court If Your Or The Address Of Any Interested Person And/Or Telephone Number Changes. If you fail to tell the court about an address and/or telephone number change for yourself or an interested person within 7 days, you could be suspended. FAX [(313) 967-4041] or mail the updated address and/or phone number information to:

Wayne County Probate Court, Document Processors
1307 Coleman A. Young Municipal Center
2 Woodward Ave.
Detroit, MI 48226

GUIDELINES FOR RECORD KEEPING BY PERSONAL REPRESENTATIVES

AFTER RECEIVING LETTERS OF AUTHORITY:

- File a change of address card with the Post Office to receive the decedent's mail.
- Create a file for the decedent.
- Keep the following documents in the decedent's file: all petitions, letters of authority, inventories, fiduciary bonds, notices of continued administration, accounts, guardian ad item (GAL) reports, and closing papers.

FINANCES AND RECORD KEEPING:

- There should be one bank account for the decedent with the following caption: "Estate of John Doe, deceased".
- When closing the decedent's account and opening a new one, keep all opening and closing documents.
- All checks payable to the decedent must be deposited into the bank account.
- Open all bank and other statements immediately to identify any irregularities.
- All checks must be hand signed by the fiduciary. Never use a signature stamp. Do not allow anyone else to sign checks. Keep in secure location.
- Keep a copy of all bank statements, checks written, and receipts.
- When closing the decedent's account and opening a new one, keep all closing documents.
- All spending must only be used for the administration of the estate (payment of claims, inventory fees, attorney fees, etc.) and\or payment of heirs or devisees for their share of the estate.
- If there is a question about expenditure, file a petition with the court to obtain court approval.
- Demand and obtain written bills before making a payment.
- Computerized records must be backed up and stored in at least one other location.

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Michigan Automobile Insurance Placement Facility
PO Box 532318 | Livonia, MI 48153-2318 | Phone: 734-464-8111 | Fax: 734 744-8552
www.michacp.org

Please note, "you" referenced throughout this application is defined as the injured person applying for benefits.
This application must be completed, signed and received no later than one (1) year from the date of accident. Incomplete or illegible applications will be returned without assignment to a servicing insurer. Please also submit a copy of the police report, EMS run form and/or any other documentation. All information will be reviewed, however, please note, additional information may be required. **Please be advised, applications made to the Michigan Automobile Insurance Placement Facility should be submitted as soon as possible to expedite the initial determination of an injured person's eligibility for benefits.**

Injured Person Information

1. Name of Injured Person: First Name	Middle Name	Last Name	Suffix	2. Date of Birth:
Charles		Williamson		01/22/1959

3. List any and all names you have previously or currently go by	4. Social Security #:
	368-76-4517

5. Injured Person's Current Address: Street	Apt #	City	State	Zip Code
19771 Fraser St.		Detroit,	mi.	48235

6. Injured Person's Address at the Time of the Accident: Street	Apt #	City	State	Zip Code

7. Home Phone #	8. Work Phone #	9. Cell Phone #	10. Email Address
313-465-0867	N/A	313-465-0867	

11.a. Marital Status: ☑ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Widowed
b. If "married" or "separated" please provide:

Spouse Name	Spouse Address	Check here if spouse address is same as injured person's ☑
Maxine Williamson		

12. Date of Accident	13. Injured Person's Driver's License # and State or State ID #
10/30/2018	No License.

14. At the time of the accident, were you a Michigan resident? ☑ Yes ☐ No	15. At the time of the accident, did you have any auto insurance? ☐ Yes ☑ No
a. If no, list state:	a. If yes, list Name of Automobile Insurance Company & Policy Number

Accident Information

16. Accident Location: Street	City	State	Zip Code
8 Mile & Grand Rd of Roads	Detroit	mi.	48235

17. Provide a full description of how the accident occurred. Note: If you require additional space, please attach a separate sheet with details as part of this application.
Rode out riding bike while crossing street when struck by car.

18. Was a police report made? ☑ Yes ☐ No #18010300353
a. If yes, list name of police department, police report number and date made: Detroit Police Department

19. What was your position at the time of the accident? ☐ Driver ☐ Passenger ☑ Pedestrian ☐ Motorcyclist ☐ Other on Bicycle
a. If you answered "Passenger", where were you seated in the vehicle? ☐ Passenger Front Seat ☐ Driver Side Back Seat ☐ Middle Back Seat ☐ Passenger Back Seat ☐ Other

20. Was the vehicle a motorcycle? ☐ Yes ☑ No If you answered "Yes" please provide the following:
a. List the name of the owner of the motorcycle:
b. Was the motorcycle insured at the time of the accident? ☐ Yes ☐ No c. Motorcycle Vin #
d. If the motorcycle was insured and you were the owner of the motorcycle, please attach a copy of your proof of motorcycle insurance.

21. Were you contacted by a doctor's office or other person about this claim? ☐ Doctor ☐ Other ☑ None
a. If you answered "Doctor", please provide:

Name of Doctor	Address	Phone Number

b. If you answered "Other", please provide:

Name	Address	Phone Number

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Injury Information

22. Are you claiming injuries from the accident? ☑ Yes ☐ No a. If yes, describe your injuries:
① Lt. Rt. Lower Leg ② Lt. Superior Orb of Right Pubis
③ Lt. Rt. tibia ④ multiple Rib fractures ⑤ displaced Lt. Ac anterior wall

23. Were you treated and/or transported by an ambulance/EMS or by any other way to a hospital after the accident? ☑ Yes ☐ No
a. If yes, please provide:

EMS/Ambulance/Person Name	Address	Phone Number
Superior Ambulance	28440 Hawkins Drive Southfield, MI	248-345-8880

24. Were you treated in a hospital after the accident? ☐ Yes ☐ No a. If yes, what type of treatment did you receive? ☐ In-Patient ☐ Out-Patient
b. If yes, please provide:

Hospital Name	Address	Phone Number
Providence Hosp.	16001 W. 9 Mile Road	248-849-3000

Note: If you were treated at more than 1 hospital, attach a separate sheet with contact information as part of this application.

25. Are you currently or were you treated by a doctor after the accident? ☑ Yes ☐ No
a. If yes, please provide:

Doctor Name	Address	Phone Number
Emergency Room	16001 W. 9 Mile Road	248-849-3000

b. Name of person who referred you to this doctor: Taken via Ambulance.
Note: If you were treated at more than 1 doctor, attach a separate sheet with contact information as part of this application.

26. Before this accident happened, did you have any of the same injuries as you listed in question 22? ☐ Yes ☑ No
a. If yes, describe which injuries and the doctors/pharmacies you treated with:

Injuries N/A

Doctors/Pharmacy Name	Address	Phone Number	How long were you treating?
N/A			

Note: If you sought treatment from more than 1 doctor/pharmacy, attach a separate sheet with contact information as part of this application.

27. Please list any medical conditions you had and/or medications you were taking at any time before this accident.
a. If so, please provide the name, address, phone number(s) and length of treatment:

Doctors/Pharmacy Name	Address	Phone Number	How long were you treating?

Note: If you sought treatment from more than 1 doctor/pharmacy, attach a separate sheet with contact information as part of this application.

28. Do you have a primary care doctor? ☑ Yes ☐ No a. If yes, please provide:

Doctors Name	Address	Phone Number

29. Have you received any medical bills from this accident?	30. Do you expect to receive medical bills from this accident?	31. Did you apply for social security disability benefits at any time before or after this accident?
☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No 31b. If yes, please provide all of the dates of your application(s):

Medical Insurance

32. Do you have any kind of health insurance? ☑ Yes ☐ No a. If yes, please provide:
Name of Health Insurance Co. Address Phone Number
Aetna Medicaid 151 Farmington Ave. 800-624-0756
Policy or Plan Number: 000252.7857 Member Number: _____ Group Number: _____

33. Are you a Medicare Beneficiary? ☐ Yes ☑ No a. If yes, what is your Medicare #: _____

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Employment Information

34. Were you employed at the time of the accident? ☑ Yes ☐ No a. If yes, provide the following information; If no, skip to question 42.

Name, Address and Phone Number of Your Employer	Job Title	Average weekly income at the time of the accident	List the dates of your employment: From	To
—	—	$ —	—	—

Note: If you were employed by more than 1 employer, attach a separate sheet with contact information as part of this application.

35. Have you missed any work because of your injuries? ☐ Yes ☑ No a. If yes, what is the first date you missed work? _____

36. Do you have a note from a doctor ordering you to stay home from work? ☐ Yes ☑ No a. If yes, please provide:
Doctors Name Address Phone Number

37. Have you returned to work? ☐ Yes ☑ No
a. If yes, what date did you return to work? _____

38. If not yet returned, have you been given a return date? ☐ Yes ☑ No
a. If yes, return to work date: _____

39. Were you on the job at the time of the accident? ☐ Yes ☑ No
a. If yes, are you eligible for any benefits under workers compensation? ☐ Yes ☑ No

40. How did you normally get to work before the this accident? I.E. Public Transportation, motor vehicle, etc. N/a

41. Are you eligible for any benefits under any other wage or salary continuation plan? ☐ Yes ☑ No

Entitlement Information-Note that question 42 refers to the involved motor vehicle you were in, getting into or out of, or were struck by as a pedestrian or if applicable, the motorcycle you were on at the time of the accident.

42. Was there damage to the vehicle you were occupying or struck by? ☐ Yes ☐ No ☑ Unknown If yes, describe the damage to the vehicle:

a. Was the vehicle towed? ☐ Yes ☐ No If yes, please provide: Name of Towing Company Address Phone Number

b. Was the vehicle repaired? ☐ Yes ☐ No If yes, please provide: Name of Repair Company Address Phone Number

c. Do you know the current location of the involved vehicle? ☐ Yes ☑ No If yes, please provide: Location of Vehicle Address Phone Number

Note: If you were struck by more then 1 vehicle as a pedestrian, attach separate sheet with contact information as part of this application.

d. Did you use the motor vehicle/motorcycle at any time before the date of the accident? ☐ Yes ☐ No ☐ Unknown

e. How often did you use the vehicle/motorcycle?
☐ Daily ☐ Once a Week ☐ Two or More Times Per Week ☐ Less than Once Per Month ☐ Rarely ☐ Other, please explain N/a

f. Did you have access to a set of keys to the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

g. Have you ever had to ask permission to use the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown N/a

h. Have you ever been denied permission to use the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

i. Did you ever put gas in the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

j. Did you ever pay money toward the purchase or the maintenance of the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

k. Did you have permission to use the vehicle/motorcycle on the date of the accident? ☐ Yes ☐ No ☐ Unknown If Yes, from who? N/a

43. List the name of the owner of the vehicle (Note, if you were on a motorcycle, please provide the following information about the vehicle involved in your accident):
First Name: Fred Middle Name: _____ Last Name: Westbrook III

Owner's Address and Phone Number
2005 Richton Avenue, Detroit, mi. 48216

a. List the Name of the Registrant of Vehicle involved in the accident if different than the owner: First Name: Fred Middle Name: _____ Last Name: Westbrook III

Registrant's Address and Phone Number
2005 Richton Avenue Detroit mi. 48216

b. Vehicle Involved:

Year	Make	Model	Vehicle Identification Number (VIN)	Plate Number	State the Vehicle is Registered In
2016	Chev	300	2C3CCAGG7GH170900	EXTNS	NJ

c. Did the owner and/or registrant of this vehicle have any automobile insurance on the date of the accident? ☐ Yes ☐ No If yes: Unknown
Name of Insurance Company: ? Policy #: ?
How did you confirm if the owner/registrant did or did not have insurance? Certified letter sent

d. If not you, list the name of the driver of the vehicle: First Name Middle Name Last Name

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

e. Did the driver have automobile insurance in effect on the date of the accident? ☐ Yes ☐ No If yes: Unknown
Name of Insurance Company: _____ Policy #: _____
How did you confirm if the driver did or did not have insurance? Clerk filled letter sent

f. How many people were in the vehicle? _____
Please list all passengers in this vehicle at the time of the automobile accident:

Name	Address	Phone Number	Passenger's Insurance Company (if any)	Insurance Policy #
Unknown				

Note: If more than 5 passengers, attach separate sheet with the above information as part of this application.

44. Were there witnesses to the accident? ☐ Yes ☐ No If yes, please provide: None Listed on police Report

Witness Name	Address	Phone Number
Witness Name	Address	Phone Number

Note: If more than 2 witnesses, attach separate sheet with contact information as part of this application.

Entitlement Information *(continued)*

45. List all the people who lived in your home at the time of the auto accident and their relationship to you:

Name	Relationship
Malik Williams	Son

If more than 3, attach separate sheet with information as part of this application.

46. Describe all motor vehicles owned by you, your spouse (even if you are separated) or any relative living in your home on the date of the accident: If none, check here: ☒

Owner/Relationship	Year, Make & Model of Vehicle	Vehicle Identification Number	Plate Number	Insurance Co & Policy Number

Note: If more than 3, attach separate sheet with contact information as part of this application.

47. Have you ever made a claim for benefits (i.e. payment of medical bills) due to an injury that was caused by an automobile accident? ☐ Yes ☒ No
a. If yes, please provide:
Name of Insurance Company _____ Claim Number _____

48. Are you filing this claim with the Michigan Automobile Insurance Placement Facility because there is a dispute between two or more insurance companies concerning their obligation to provide you with insurance coverage? ☐ Yes ☒ No
a. If yes, please provide documentation of the dispute and the following:
Name of Insurance Company _____ Phone Number _____ Claim Number _____
Name of Insurance Company _____ Phone Number _____ Claim Number _____

49. Please document what actions you have taken to determine that there is no other auto insurance coverage. This question should be completed to expedite the claims process (attach additional sheet(s) if needed and any supporting documentation).
Please see attached letter (4pg)

APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Please note, if the top two boxes below are not acknowledged and the application is not signed and dated, the application will be considered incomplete and will be returned to the injured person or the preparer for further completion.

X I have reviewed the application in its entirety and attest that the information contained therein is true and accurate. If I am a medical provider and am submitting this application on behalf of the injured person, I attest that I have knowledge of the information provided, have thoroughly investigated and verified all documented information and have knowledge that all the information documented is true and accurate.

X I acknowledge I have read the following fraud warning:

FRAUD WARNING

A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan Automobile Insurance Placement Facility for payment or any other benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 of the insurance code that is subject to the penalties imposed under section 4511. **A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the Assigned Claims Plan.**

X I understand that if benefits are paid to me or for my benefit, the owner of the involved, uninsured vehicle will be financially responsible for reimbursement of all no fault benefits paid and costs associated with this claim pursuant to the Michigan No Fault Act.

X If I provided an email address, I understand that future correspondence and information regarding this claim may be exchanged via the email contact provided.

Signature of Injured Person or Representative	Printed Name of Injured Person or Representative	Date:
X Charles Williamson	X Charles Williamson	12/14/2018
Signature of Preparer (if different than above)	**Printed Name of Preparer (if different than above)**	**Date:**
X Kimberly Taylor	X Kimberly Taylor	12/14/2018

Who prepared this application? ☐ Injured Person ☐ Attorney X Third Party Biller
☐ Parent ☐ Legal Guardian

Preparer Name and Company: The Lakeland Center

Address: 21900 Franklin Road

City: Southfield State: MI Zip Code: 48033

Phone Number: 248-350-8078

If the preparer is a medical provider: Do you have an assignment of benefits?

X ☐ Yes ☐ No If Yes, please attach.

Michigan Assigned Claims Plan
c/o Michigan Automobile Insurance Placement Facility
PO Box 532318
Livonia, MI 48153-2318
www.michacp.org Phone: 734-464-8111
Email: info@michacp.org
Fax: 734 744-8552

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APPENDIX M

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STATE OF MICHIGAN

IN THE COURT OF APPEALS

ELLEN M. ANDARY, a legally incapacitated adult, by and through her Guardian and Conservator, MICHAEL T. ANDARY, M.D., PHILIP KRUEGER, a legally incapacitated adult, by and through his Guardian, RONALD KRUEGER & MORIAH, INC., d/b/a EISENHOWER CENTER, a Michigan corporation,

Plaintiffs-Appellants,

vs.

USAA CASUALTY INSURANCE COMPANY, a foreign corporation, and CITIZENS INSURANCE COMPANY OF AMERICA, a Michigan Corporation,

Defendants-Appellees.

Court of Appeals No. 356487

Ingham County Case No. 19-738-CZ

MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION'S AMICUS CURIAE BRIEF IN SUPPORT OF DEFENDANTS-APPELLEES

Joseph K. Erhardt (P44351)
K.J. Miller (P62014)
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Livonia, MI 48152

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I. STATEMENT OF INTEREST[1]

In 1978, the Legislature created the Michigan Catastrophic Claims Association (the "MCCA") as an association of all insurers writing no-fault insurance in Michigan. The MCCA reimburses its members for amounts paid in personal protection insurance benefits, also known at PIP benefits, in excess of a statutory retention amount, initially $250,000, but currently $600,000. From 1978 through July 1, 2020, Michigan's No-Fault Insurance Act required insurers writing no-fault insurance to provide unlimited lifetime PIP benefits to persons injured in motor vehicle accidents.

Insurers must report catastrophic claims to the MCCA. The MCCA defines catastrophic claims as claims involving: traumatic brain injury; quadriplegia or paraplegia; burns involving 50% or more of the body; amputation of a major limb or multiple amputations; and other injuries where the costs of treatment exceed certain financial thresholds. Of the 45,717 catastrophic claims reported as of March 31, 2021, 17,728 remain open. During the twelve months ending March 31, 2021, the MCCA reimbursed insurers $1.25 billion, an average of $104.4 million per month.

Independent actuaries estimate that changes to the No-Fault Insurance Act in June 2019 have resulted in savings of $4.39 billion on existing catastrophic claims as of June 30, 2021. Further, with respect to future claims, each year independent actuaries estimate the number of persons who will sustain catastrophic injuries during the coming fiscal year. The MCCA charges a premium assessment to insurers (who pass that assessment through to their insureds) to fund

[1] This brief was authored in whole by counsel for the MCCA. No one has made a monitory contribution to fund the preparation or submission of the brief.

future reimbursement payments to insurers who pay the lifetime PIP benefits of those injured persons. The MCCA reduced its premium assessment from $220 per vehicle for the fiscal year ending June 30, 2019 to $100 per vehicle for the fiscal year ending June 30, 2020, and then to $86 per vehicle for the fiscal year ending June 30, 2021. The assessment has dropped and continues to drop as a result of the Legislature's changes to the No-Fault Insurance Act in June 2019. These savings inure to the insurance buying public, which will continue to save in the years ahead.

The MCCA has a direct interest in the outcome of this case. If the Court holds the amended No-Fault Insurance Act unconstitutional, striking down the cost-savings provisions, then the MCCA will have to reverse much of the estimated $4.39 billion in savings. To make matters worse, the MCCA will not have collected necessary premiums to begin recouping what may then have turned back into a deficit. Furthermore, anticipated savings each year going forward will disappear.

II. STATEMENT OF QUESTIONS INVOLVED

Should the Court affirm the trial court's dismissal of Plaintiffs-Appellants'("Plaintiffs'") complaint, where:

- Plaintiffs' Due Process and Equal Protection claims fail because the amended No-Fault Act bears a reasonable relationship to a permissible legislative objective—reducing the highest in the nation cost of auto insurance in Michigan;
- Plaintiffs' Substantive Due Process and Equal Protection claims fail because fee schedules and limits on attendant care provided by family members do not violate fundamental rights such as the right to privacy, the right to bodily integrity, or the right to liberty; and
- Plaintiffs' Contract Clause claims fail because Plaintiffs do not have vested rights to attendant care without limits on the number of hours provided by family members and to use providers who can charge whatever they want, without regard to a fee schedule.

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Amicus Curiae, the Michigan Catastrophic Claims Association answers: "Yes."

III. BACKGROUND

Independent actuaries estimate that changes to the No-Fault Insurance Act in June 2019 have resulted in savings of $4.39 billion on existing catastrophic claims as of June 30, 2021. The savings that have resulted from changes to the No-Fault Act stem in part from the Legislature now defining what a reasonable charge is for a product, service, or accommodation. Before the Legislature passed the amended No-Fault Act, section 3107(1)(a) provided that allowable PIP expenses consist of "reasonable charges incurred for reasonably necessary products, services and accommodations for an injured person's care, recovery, or rehabilitation." MCL 500.3107(1)(a). That language has not changed.

What did change when the Legislature amended the No-Fault Insurance Act is that the Legislature defined what constitutes "reasonable charges." The Legislature did this by tying those charges to a fee schedule based on a multiple of what Medicare pays providers for the same services, and by putting reasonable limits on the amount of attendant care family members and friends can provide an injured person, without limiting the amount of attendant care an injured person can receive from other providers, if needed. These measures bear a reasonable relation to the goal of reducing the cost of no-fault auto insurance, which many Michigan residents cannot afford to buy, but which the No-Fault Insurance Act requires them to buy.

Moreover, these cost-savings measures do not reduce the PIP benefits that were available to persons injured in motor vehicle accidents before the Legislature passed the amended No-Fault Act. Rather, the Medicare-based fee schedule limits what providers can charge, not what products, services, and accommodations an injured person is entitled to receive. The Legislature

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put a fee schedule in place because of overwhelming evidence that providers sharply inflate charges when a no-fault insurer is the payer. Further, the new hourly limit on family-provided attendant care does not limit the number of hours of care an injured person is entitled to receive; it simply puts a reasonable restriction on who may provide such care. The Legislature put this restriction in place because of overwhelming evidence that this benefit, when unlimited, is a rich source of abuse and fraud. Even so, the amended No-Fault Act permits insurance companies and family members to contract for more than 56 hours per week in those situations where the need for attendant care is clear and it makes economic sense to do so.

IV. THE NEED TO REDUCE HIGHEST IN THE NATION AUTO INSURANCE COSTS

A. The Cost of PIP Benefits Is Soaring

No-fault insurance costs have soared in recent years because, in a system that required all drivers to buy unlimited lifetime PIP benefits and that limited costs solely by the word "reasonable," providers of products, services, and accommodations tested the limits of what a jury or judge might consider reasonable for a person who suffered a catastrophic injury. The following graph shows loss payments reimbursed by the MCCA on claims that resulted from injuries suffered by persons during the MCCA's first fiscal year—that is, it shows how much money the MCCA has reimbursed its members each year for payments made for PIP benefits for persons injured in accidents that occurred between July 1, 1978 and June 30, 1979 only.

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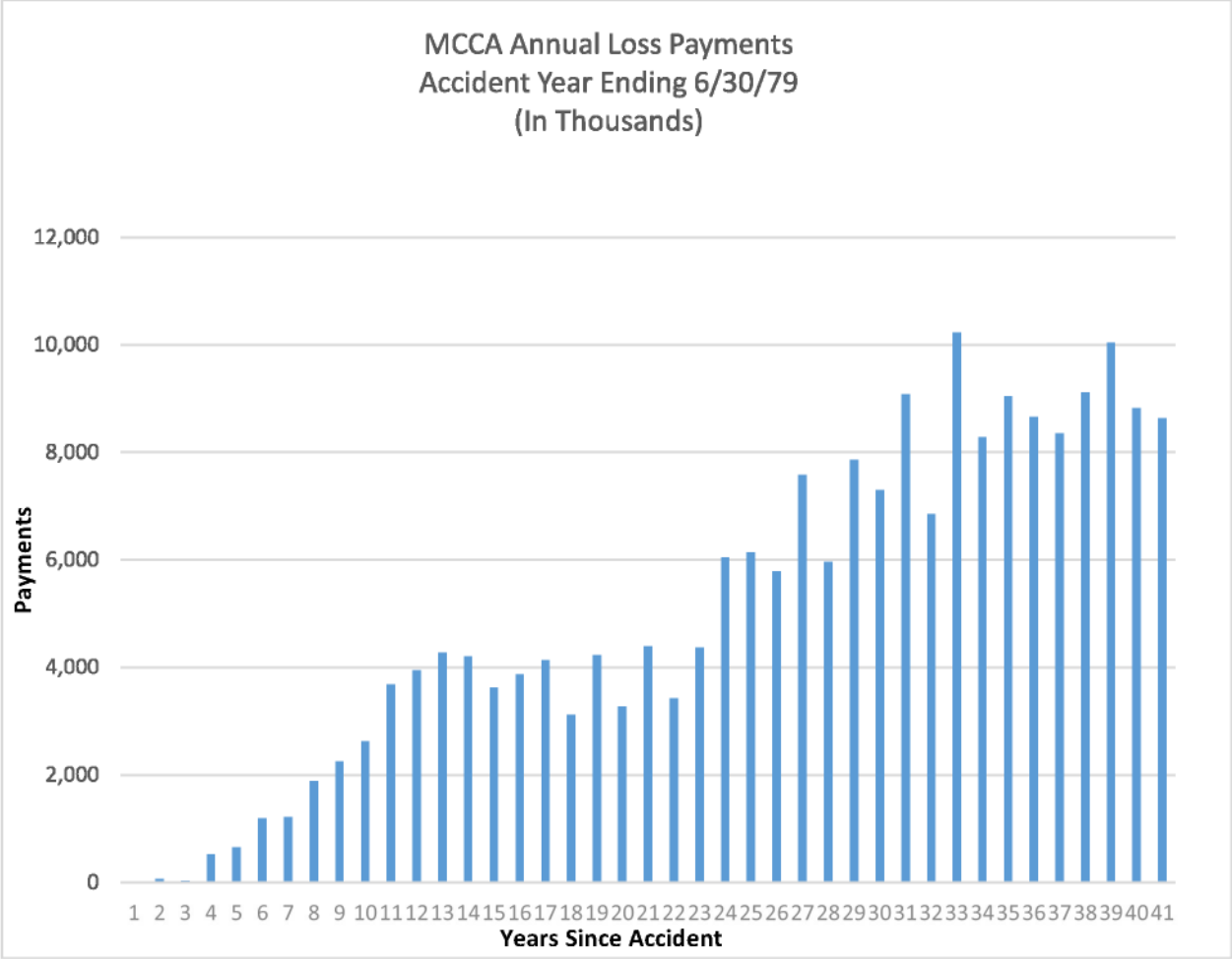

In the first five years following these accidents, which includes acute care treatment and rehabilitation services immediately following the accident, the MCCA reimbursed its member insurers approximately $1,272,000. Yet, in the last five years ending June 30, 2019, the MCCA reimbursed its members $44,954,000 for ongoing care and treatment, more than 35x the amount reimbursed in the first five years. Even accounting for inflation, it is apparent that costs for care and treatment have increased dramatically and unreasonably, in part because insurers likely pay for healthcare costs ordinarily required because of the normal aging process (as it is often difficult to separate age-related health issues from those directly related to accident injuries).

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B. The Claims in This Case Show Why the Legislature Enacted Reforms

The claims of Ellen Andary, Philip Krueger, and Eisenhower Center show why the Legislature amended the No-Fault Act. Without any limits on what constitutes "reasonable charges," the MCCA is currently reimbursing USAA Casualty Insurance Company ("USAA") $28/hour for up to 36 hours/day of care rendered to Ms. Andary primarily by family members, which equals up to $1,008/day or $367,920/year. Is $367,920/year a reasonable charge for Ms. Andary's home attendant care? Is there no less expensive way to provide the care she needs? The Bureau of Labor Statistics ("BLS") reports that the mean wage for home health aides in the Lansing-East Lansing metropolitan area is $24,940/year. If USAA paid Ms. Andary's caregivers the median BLS wage for the same amount of care she is entitled to receive now, and for which USAA pays $367,920/year, the cost would be $112,230/year, a savings of $255,690/year. Why must the insurance buying public pay 3.2x the mean BLS rate for Ms. Andary's family to care for her?

Similarly, without any limits on what constitutes "reasonable charges," the MCCA is currently reimbursing Citizens Insurance Company of America ("Citizens") $572/day for custodial care provided to Philip Krueger at Eisenhower Center. Mr. Krueger neither receives nor claims one-on-one attendant care. Is there no less expensive cost structure to provide custodial care to Mr. Krueger? Certainly many Michigan residents find cost-effective long-term care facilities that charge far less than $572/day ($208,780/year). From September 1, 2009 through November 30, 2020, the MCCA reimbursed Citizens $2,065,093 for payments made for Mr. Krueger's care at Eisenhower Center. What family could afford such costs for long-term care?

Without any definition of "reasonable charges," the Eisenhower Center received $168.2 million from insurers in the ten years preceding reform, an average of $16.2 million/year.

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Similarly, Optimal Medical, which employs members of Ellen Andary's family as her caregivers, received $14.3 million from insurers (and the MCCA) between 2014 and 2019, an average of approximately $2.9 million/year.

C. Examples of Rampant Fraud and Abuse

The MCCA is in a unique position to gather examples of rampant fraud and abuse brought about by a no-fault insurance system that provides no limits on PIP benefits and no fee schedule or other reasonable restrictions on what injured persons and providers may claim. Where a no-fault insurance system entitles persons injured in motor vehicle accidents to unlimited lifetime benefits, the creativity of providers of products, services, and accommodations for their care, recovery, and rehabilitation likewise becomes unlimited. The following examples provide a glimpse of some of the many problems that led the Legislature to pass the amended No-Fault Act. The only limit to these examples is the Court's page-length limit for Amicus Curiae briefs:

- Richard and Louise Fortson billed MEEMIC Insurance Company ("MEEMIC") for 24/7 attendant care they allegedly provided to their son after he sustained a traumatic brain injury in a motor vehicle accident. MEEMIC learned later that, during several extended periods for which MEEMIC had paid for such care, their son had spent time in jail for traffic offenses and drug crimes and had spent time in an inpatient substance-abuse rehabilitation facility. *MEEMIC Ins Co v Fortson*, 324 Mich App 467 (2018).

- Ira Demery billed Auto Club Insurance Company ("ACIA") for attendant care she allegedly provided to her husband, Michael Demery, who had sustained a below the elbow amputation and, allegedly, a traumatic brain injury in a motor vehicle accident. After paying for such attendant care, ACIA learned that Michael Demery had spent time in jail and had fathered a child with another woman all while allegedly receiving 24/7 care from his wife. *See Demery v Auto Club Ins Ass'n*, No. 11-117189-NF, 2015 Mich Cir Ct LEXIS 803, at *1 (Oakland Cty Cir Ct, Sept 14, 2015).

- Rebecca and Brian McCoy billed Progressive Michigan Insurance Co. ("PMIC") for 24/7 attendant care allegedly provided to their son, Dillon Hoeft, who allegedly had sustained a traumatic brain injury in a motor vehicle accident. PMIC conducted surveillance and learned that "Dillon Hoeft was observed, alone, on several occasions outside of the presence of Rebecca and Brian McCoy for extended periods and driving, alone." *Hoeft v*

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Progressive Michigan Ins Co, Case No. 16-107029-NF, Order Resolving Defendant's Motion for Summary Disposition (Genesee Cty Cir Ct, Aug 27, 2018) (Exhibit A).

- A claimant sustained catastrophic injuries in a motor vehicle accident while traveling in Arizona. Aviation West Charter ("AWC") provided a nonemergency medical flight to return the claimant from Tucson to Grand Rapids. AWC billed Auto-Owners Insurance Co. $526,425 for the flight and related costs. *See* AWC bill (Exhibit B).

- The Chesaning Nursing and Rehabilitation Center billed GEICO for residential care provided to a claimant at the rate of $8,450/day, which would equal $3.08 million/year. *See* Letter from GEICO to Chesaning Nursing and Rehabilitation Center and Photograph of the Center (Exhibit C).

- Prescribed Therapy billed Encompass Indemnity Company for two-person 24/7 in-home care provided to a claimant at the rate of $220/hour for R.N.-level care and $55/hour for home-health-aide-level care. On a daily basis, such care equals $6,600, and on a yearly basis, $2.41 million. *See* Prescribed Therapy sample bill (Exhibit D).

- Stefan Pribil, M.D., lives in Florida, but travels to Michigan only to perform spinal surgeries on patients injured in auto accidents. Dr. Pribil testified that he "treats patients who have the means to pay for my services," and clarified that those patients must pay cash or be covered by no-fault insurance. Out of approximately 200 surgeries performed in 18 months, he believes "almost all" were on auto accident victims. He admits that he increased his fees when he began operating in Michigan. He bills $99,920 to surgically decompress a spinal nerve root, and the outpatient surgical center where he performs the surgery charges an additional $200,000 per surgery. As he said, "To put it crudely, I collect whatever somebody is willing to pay me, and it is an acceptable payment. That's just the fact of life." *See* Deposition of Stefan Pribil (Exhibit E).

- Gravity Imaging initially billed Blue Cross Blue Shield of Illinois ("BCBSI") for five MRIs for a claimant who sustained injuries in a motor vehicle accident. Explanation of Benefits forms show that BCBSI approved payment for the five MRIs in the total amount of $1,700.55 (an average of $340 per MRI), subject to receiving certain information from Gravity Imaging. When Gravity Imaging learned that ACIA was responsible for paying for the MRIs, it billed ACIA 14.8x the amount it had billed BCBSI—$25,200 (an average of $5,040 per MRI). *See* Explanation of Benefits forms (Exhibit F).

- A claimant's mother drives her son to therapies and doctor visits following an injury he suffered in a motor vehicle accident. She formed a transportation company so that she could bill Farmers Insurance Exchange ("Farmers") at commercial transportation rates, rather than accept standard medical mileage or business mileage rates established by the

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IRS. During the last five months of 2019, she billed Farmers an average of $6,032/month ($72,379/year, if extrapolated over 12 months). *See* Road Runner Medical Transportation LLC bill and Limousine Certificate of Authority (Exhibit G).

- P-Stim devices are miniaturized, battery-powered, transcutaneous electrical stimulators designed and approved for use only as an acupuncture treatment. They cost about $175 per device. Medicare does not consider them reimbursable under any Benefit Category. The FDA has not reviewed them for treating pain. They can be safely applied by individuals with no surgical training. Despite this, pain management facilities charged no-fault insurers $3,975 or more for applying these topical devices to persons injured in auto accidents. *See* Complaint filed in *Allstate Ins Co v Mercyland Health Services, PLLC*, Case No 2:18-cv-13336, E D Michigan, Southern Division (Exhibit H).

V. THE AMENDED NO-FAULT ACT DOES NOT IMPAIR CONTRACTUAL RIGHTS

Plaintiffs allege that the amended No-Fault Act impairs their vested contractual rights, but it does not. Before the Legislature passed the amended No-Fault Act, the prior version provided that allowable PIP expenses consist of "reasonable charges incurred for reasonably necessary products, services and accommodations for an injured person's care, recovery, or rehabilitation." MCL 500.3107(1)(a). The amended No-Fault Act says exactly the same thing; and so do the auto insurance policies that cover the claims of Ellen Andary and Philip Krueger. Where the prior language, the language of the amended No-Fault Act, and the language of the insurance policies is all the same, it is hard to see how the amended No-Fault Act impairs anyone's contractual rights. Further, it is unclear what contract Eisenhower Center claims the amended No-Fault Act impairs as Eisenhower Center does not allege that it has a contract with Citizens; and it does not identify any contract with Philip Krueger or his guardian.

Yet, even if the Court finds that the amended No-Fault Act impairs plaintiffs' contractual rights, the Contract Clause prohibition on state laws impairing contracts is not absolute.

> A three-pronged test is used to analyze Contract Clause issues. The first prong considers whether the state law has operated as a substantial impairment of a contractual relationship. The second prong requires that legislative disruption of

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> contractual expectancies be necessary to the public good. The third prong requires that the means chosen by the Legislature to address the public need be reasonable.

Health Care Ass'n Workers Compensation Fund v Dir of Bureau of Workers' Compensation, 265 Mich App 236, 241 (2005). Each prong of the test favors upholding the amended No-Fault Act.

As for the first prong, even if the amended No-Fault Act affects Ellen Andary's or Philip Krueger's contractual rights, it does not substantially impair them. It allows them to receive all the same PIP benefits. In Ellen Andary's case, her family can still provide at least 56 hours/week of care needs, and USAA may choose to enter into a contract with the family to allow them to provide more. If USAA chooses not to contract with the family, Ellen Andary is still entitled to receive whatever care she needs from other sources. Likewise, Philip Krueger is still entitled to receive residential care. Either he must find it somewhere that is more cost effective, or Eisenhower Center must reduce its high costs. As for the second prong, as shown, the cost of PIP benefits is soaring, and the Legislature needed to find a way to lower the cost of no-fault auto insurance for the public good. As for the third prong, the Legislature tailored its reforms to the fraud and abuse that runs rampant through Michigan's no-fault insurance system.

VI. CONCLUSION

Amicus Curiae MCCA requests that the Court affirm the ruling of the Circuit Court.

Dated: August 16, 2021

By: */s/ KJ Miller*

Joseph K. Erhardt (P44351)
K.J. Miller (P62014)
MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION
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Livonia, MI 48152

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EXHIBIT N

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Defendant	**FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN**	**Attorneys** **Christopher Michael Jennings** *Retained* (517) 788-6290(W)
Plaintiff	**CANDLER, KALVIN**	**Douglas S. Dovitz** *Retained* (586) 773-0911(W)

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OTHER EVENTS AND HEARINGS

08/26/2015 **Complaint, Filed**
08/26/2015 **Service Review Scheduled**
08/26/2015 **Status Conference Scheduled**
08/26/2015 Case Filing and Jury Trial Fee - Paid
09/08/2015 Proof of Service, Filed
09/09/2015 Appearance of Attorney, Filed
09/17/2015 Answer to Complaint, Filed
09/17/2015 Interrogatories, Filed
09/17/2015 Request to Produce, Filed
09/17/2015 Witness List, Filed
09/21/2015 Answer to Affirmative Defenses, Filed
09/25/2015 Motion to Compel Action, Filed
09/25/2015 Praecipe, Filed (Judicial Officer: Fresard, Patricia Perez)
10/09/2015 **Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held
10/09/2015 **Motion to Compel Action Granted, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
10/13/2015 Order Compelling Action, Signed and Filed
10/26/2015 Motion to Compel Answers to Interrogatories, Filed
10/29/2015 Order Compelling Action, Signed and Filed (Judicial Officer: Fresard, Patricia Perez)
11/23/2015 **Status Conference** (8:15 AM) (Judicial Officer Fresard, Patricia Perez)
11/25/2015 Reset by Court to 12/04/2015
12/04/2015 Reset by Court to 11/23/2015
Result: Reviewed by Court
11/23/2015 Status Conference Scheduling Order, Signed and Filed (Judicial Officer: Fresard, Patricia Perez)
11/24/2015 Notice of Taking Deposition, Filed
11/24/2015 Notice of Taking Deposition, Filed
12/08/2015 Notice of Taking Deposition, Filed
12/08/2015 Notice of Taking Deposition, Filed
12/22/2015 Notice of Taking Deposition, Filed
02/04/2016 Witness List, Filed
02/16/2016 Witness List, Filed
02/29/2016 Motion for Summary Judgment/Disposition, Filed
02/29/2016 Praecipe, Filed (Judicial Officer: Fresard, Patricia Perez)
03/16/2016 Interrogatories, Filed
03/17/2016 Motion to Intervene, Filed
03/21/2016 Praecipe, Filed (Judicial Officer: Fresard, Patricia Perez)
03/24/2016 Answer to Motion, Filed
03/28/2016 Answer to Motion, Filed
03/31/2016 Answer to Motion, Filed
04/08/2016 **Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held for Further Settlement
04/08/2016 **Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held for Further Settlement
04/12/2016 Order, Signed and Filed
04/12/2016 Complaint for Intervention, Filed
04/18/2016 Brief in Support of Motion, Filed
04/20/2016 Answer to Motion, Filed
04/21/2016 Interrogatories, Filed
04/21/2016 Request for Production of Documents, Filed
04/22/2016 **Miscellaneous Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held
04/22/2016 **Miscellaneous Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held
04/22/2016 **Motion Denied, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
04/25/2016 Order Denying Motion, Signed and Filed
05/17/2016 Claim of Appeal, Filed
06/14/2016 **Case Evaluation - General Civil**

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07/12/2016	**Case Evaluation - No Acceptance**
07/27/2016	**Motion to Intervene, Filed**
07/28/2016	**Miscellaneous Response, Filed**
07/28/2016	**Motion to Compel Answers to Interrogatories, Filed**
07/28/2016	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
08/02/2016	**Non-Party Filing**
08/05/2016	**Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) Result: Held
08/05/2016	**Motion Denied, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
08/05/2016	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
08/08/2016	**Order Granting Motion, Signed and Filed**
08/12/2016	*CANCELED* **Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) *Dismiss Non-Appearance*
08/15/2016	**Order Denying, Signed and Filed**
08/31/2016	**Settlement Conference** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) *07/25/2016 Reset by Court to 08/02/2016* *08/02/2016 Reset by Court to 08/31/2016* Result: Held for Further Settlement
08/31/2016	**Motion To/For Show Cause, Filed**
09/16/2016	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
09/22/2016	**Higher Court Order/Decision Received by Circuit Court**
09/23/2016	**Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) Result: Held
09/23/2016	**Motion Granted, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
10/03/2016	**Notice of Presentment**
10/04/2016	**Miscellaneous Action**
10/05/2016	**Motion for Stay of Proceedings, Filed**
10/05/2016	**Concurrence, Filed**
10/06/2016	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
10/14/2016	**Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) Result: Held
10/14/2016	**Motion Granted, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
10/17/2016	**Order Granting Motion, Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
10/18/2016	**Order Granting Motion, Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
10/18/2016	**Closed/Final - Ord for Stay of Proceedings, Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
11/17/2016	*CANCELED* **Settlement Conference** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) *Dismiss Hearing or Injunction*
01/17/2017	**File Sent**
10/24/2017	**Higher Court Order/Decision Received by Circuit Court**
10/24/2017	**Higher Court Order/Decision Received by Circuit Court**
01/30/2018	**Miscellaneous Motion, Filed**
01/30/2018	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
02/22/2018	**Answer to Motion, Filed**
02/22/2018	**Proof of Service, Filed**
03/05/2018	**Notice of Hearing, Filed**
03/05/2018	**Proof of Service, Filed**
03/27/2018	**Notice of Hearing, Filed**
03/27/2018	**Proof of Service, Filed**
04/02/2018	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
04/04/2018	**Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) *03/02/2018 Reset by Court to 03/27/2018* *03/27/2018 Reset by Court to 04/04/2018* Result: Held
04/04/2018	**Motion Granted in Part/Denied in Part, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
04/04/2018	**Proof of Service, Filed**
04/05/2018	**Ord to Lift Stay of Proceedings (Reopened), Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
04/05/2018	**Closed/Final - Judgment Granted, Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
04/20/2018	**Circuit Court Case File Received**

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Defendant FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN

Total Financial Assessment		145.00
Total Payments and Credits		145.00
Balance Due as of 09/27/2022		**0.00**

09/25/2015	Transaction Assessment		20.00
09/25/2015	Civil File & Serve Payment Receipt # 2015-83068	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
10/26/2015	Transaction Assessment		20.00
10/26/2015	Civil File & Serve Payment Receipt # 2015-92139	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
02/29/2016	Transaction Assessment		20.00
02/29/2016	Civil File & Serve Payment Receipt # 2016-17352	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
05/17/2016	Transaction Assessment		25.00
05/17/2016	Civil File & Serve Payment Receipt # 2016-41460	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(25.00)
07/28/2016	Transaction Assessment		20.00

07/28/2016	Civil File & Serve Payment	Receipt # 2016-62020	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
08/31/2016	Transaction Assessment			20.00
08/31/2016	Civil File & Serve Payment	Receipt # 2016-72907	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
10/05/2016	Transaction Assessment			20.00
10/05/2016	Civil File & Serve Payment	Receipt # 2016-83564	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)

Plaintiff CANDLER, KALVIN
Total Financial Assessment 255.00
Total Payments and Credits 255.00
Balance Due as of 09/27/2022 **0.00**

08/26/2015	Transaction Assessment			235.00
08/26/2015	Civil File & Serve Payment	Receipt # 2015-74159	CANDLER, KALVIN	(235.00)
01/30/2018	Transaction Assessment			20.00
01/30/2018	Civil File & Serve Payment	Receipt # 2018-08403	CANDLER, KALVIN	(20.00)

Proposed Intervening Party Keyyan Medical, PLLC
Total Financial Assessment 20.00
Total Payments and Credits 20.00
Balance Due as of 09/27/2022 **0.00**

07/27/2016	Transaction Assessment			20.00
07/27/2016	Civil File & Serve Payment	Receipt # 2016-61789	Keyyan Medical, PLLC	(20.00)

Proposed Intervening Party The Pain Center USA, PLLC
Total Financial Assessment 20.00
Total Payments and Credits 20.00
Balance Due as of 09/27/2022 **0.00**

03/17/2016	Transaction Assessment			20.00
03/17/2016	Civil File & Serve Payment	Receipt # 2016-23410	The Pain Center USA, PLLC	(20.00)

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APPENDIX A

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Order

Michigan Supreme Court
Lansing, Michigan

June 2, 2023

Elizabeth T. Clement
Chief Justice

Brian K. Zahra
David F. Viviano
Richard H. Bernstein
Megan K. Cavanagh
Elizabeth M. Welch
Kyra H. Bolden
Justices

165131

PORSHA WILLIAMSON and LATESHEA WILLIAMSON, as Co-Personal Representatives of the ESTATE OF CHARLES WILLIAMSON,
Plaintiffs-Appellees,

v

SC: 165131
COA: 357070
Wayne CC: 19-014047-NF

AAA OF MICHIGAN,
Defendant-Appellant.

_____/

On order of the Court, the application for leave to appeal the September 22, 2022 judgment of the Court of Appeals is considered. We direct the Clerk to schedule oral argument on the application. MCR 7.305(H)(1). The parties shall file supplemental briefs in accordance with MCR 7.312(E), addressing whether MCL 500.3173a(4), the statutory provision governing fraudulent insurance acts in the filing of a claim for no-fault benefits, applies to misrepresentations offered during discovery. See generally *Griffin v Trumbull Ins Co*, 509 Mich 484 (2022); *Haydaw v Farm Bureau Ins Co*, 332 Mich App 719 (2020); *Book-Gilbert v Greenleaf*, 302 Mich App 538 (2013).

The Coalition Protecting Auto No-Fault, the Insurance Alliance of Michigan, and Michigan Defense Trial Counsel, Inc. are invited to file briefs amicus curiae. Other persons or groups interested in the determination of the issue presented in this case may move the Court for permission to file briefs amicus curiae.

I, Larry S. Royster, Clerk of the Michigan Supreme Court, certify that the foregoing is a true and complete copy of the order entered at the direction of the Court.

June 2, 2023

Clerk

t0530

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APPENDIX B

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If this opinion indicates that it is "FOR PUBLICATION," it is subject to revision until final publication in the Michigan Appeals Reports.

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STATE OF MICHIGAN

COURT OF APPEALS

PORSHA WILLIAMSON and LATESHEA WILLIAMSON, Copersonal Representatives of the ESTATE OF CHARLES WILLIAMSON,

Plaintiffs-Appellants,

v

AAA OF MICHIGAN,

Defendant-Appellee.

FOR PUBLICATION
September 22, 2022
9:35 a.m.

No. 357070
Wayne Circuit Court
LC No. 19-014047-NF

Before: SHAPIRO, P.J., and RICK and GARRETT, JJ.

GARRETT, J.

The Michigan Assigned Claims Plan (MACP) assigned a no-fault claim brought by Charles Williamson to defendant AAA. Williamson brought suit against AAA for refusing to pay no-fault personal protection insurance (PIP) benefits, and after he passed away, his Estate proceeded with this litigation. AAA eventually moved for summary disposition, arguing that the Estate was ineligible for PIP benefits because it committed a fraudulent insurance act by submitting false statements in a discovery response to interrogatories. The trial court agreed with AAA and dismissed the Estate's action. We hold that the trial court erred because MCL 500.3173a(4), the statutory provision governing fraudulent insurance acts in this context, only applies to statements offered during the prelitigation insurance claims process and not to those offered during litigation. Accordingly, we reverse and remand.

I. FACTUAL BACKGROUND

On October 30, 2018, Charles Williamson was a pedestrian who suffered injuries after being struck by a car. Williamson applied for no-fault PIP benefits through the Michigan

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Automobile Insurance Placement Facility (MAIPF). The MACP, which is operated by the MAIPF, assigned Williamson's claim to AAA.[1]

After AAA refused to pay PIP benefits, Williamson filed suit for breach of contract and declaratory relief.[2] Williamson died in an unrelated second motor vehicle accident on October 23, 2019. Soon after, Williamson's daughters, Porsha and Lateshea, acquired letters of authority to proceed with this lawsuit as the personal representatives of Williamson's estate.

At issue in this case is the Estate's answers to AAA's interrogatories, submitted during discovery on February 10, 2020. The relevant answers at issue on appeal are:

> 30. Do you claim any loss of services no-fault benefits in this lawsuit?
>
> ANSWER:
>
> 31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:
>
> * * *
>
> ANSWER:
>
> . . . Lirrice Brown. See attached services forms[.][3]
>
> * * *
>
> 57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.
>
> ANSWER:
>
> Yes. See attached[.]

Attached to the Estate's answers were replacement service and attendant care forms identifying Brown as the service provider, including forms for services rendered in November and December 2019, after Williamson passed away. Lateshea signed the interrogatory answers on behalf of the

---

[1] The MACP assigns no-fault insurance claims made by individuals without an available source of no-fault insurance to participating insurers. See MCL 500.3172(1).

[2] It is unclear why Auto Club Insurance Association was originally named as defendant in this case. In December 2019, the trial court entered an order amending the case caption to replace Auto Club with the proper party defendant, AAA.

[3] The Estate mistakenly left Interrogatory 30 blank, but its answer to Interrogatory 31 indicates that it was claiming loss of services no-fault benefits.

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Estate, acknowledging that she believed them to be true to the best of her knowledge, information, and belief.

On December 1, 2020, AAA moved for summary disposition under MCR 2.116(C)(10). AAA argued that the Estate knowingly presented material misrepresentations in support of its claim for no-fault benefits by submitting reimbursement forms for replacement services and attendant care rendered after Williamson passed away. Consequently, AAA asserted that the Estate was completely barred from recovering no-fault benefits under MCL 500.3173a(4) and this Court's decision in *Candler v Farm Bureau Mut Ins Co of Mich*, 321 Mich App 772; 910 NW2d 666 (2017). In opposition to the motion, the Estate argued that the service forms that AAA relied on for dismissal were predated forms completed before Williamson's death that the Estate's counsel had to produce during discovery. The Estate pointed to this Court's decision in *Haydaw v Farm Bureau Ins Co*, 332 Mich App 719; 957 NW2d 858 (2020), to argue that false statements made during discovery do not allow an insurer to avoid coverage. At a hearing on April 6, 2021, the parties argued consistently with their briefs, and the trial court granted AAA's motion for summary disposition. The trial court entered an order concluding that the Estate "committed a fraudulent insurance act by knowingly presenting material misrepresentations in support of its claim for no-fault benefits," and therefore the Estate was "ineligible for payment or benefits pursuant to MCL 500.3173a." The Estate now appeals as of right.

II. STANDARD OF REVIEW

We review a trial court's decision on a motion for summary disposition made under MCR 2.116(C)(10) de novo. *Candler*, 321 Mich App at 777. "De novo review means that we review the legal issue independently" and without deference to the trial court. *Wright v Genesee Co*, 504 Mich 410, 417; 934 NW2d 805 (2019).

> A motion under MCR 2.116(C)(10) tests the factual sufficiency of the complaint. In evaluating a motion for summary disposition brought under this subsection, a trial court considers affidavits, pleadings, depositions, admissions, and other evidence submitted by the parties, MCR 2.116(G)(5), in the light most favorable to the party opposing the motion. Where the proffered evidence fails to establish a genuine issue regarding any material fact, the moving party is entitled to judgment as a matter of law. [*Maiden v Rozwood*, 461 Mich 109, 120; 597 NW2d 817 (1999).]

"A genuine issue of material fact exists when the record, giving the benefit of reasonable doubt to the opposing party, leaves open an issue upon which reasonable minds might differ." *West v Gen Motors Corp*, 469 Mich 177, 183; 665 NW2d 468 (2003). Underlying the trial court's summary disposition ruling are issues of statutory interpretation, which we also review de novo. *Candler*, 321 Mich App at 777.

III. LEGAL BACKGROUND

The no-fault act, MCL 500.3101 *et seq*., enacted by the Legislature in 1973, "created a compulsory motor vehicle insurance program under which insureds may recover directly from their insurers, without regard to fault, for qualifying economic losses arising from motor vehicle

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accidents." *McCormick v Carrier*, 487 Mich 180, 189; 795 NW2d 517 (2010). "The goal of the no-fault insurance system was to provide victims of motor vehicle accidents assured, adequate, and prompt reparation for certain economic losses." *Shavers v Kelley*, 402 Mich 554, 578-579; 267 NW2d 72 (1978). To determine which insurer is designated to provide PIP benefits to a person injured in a motor vehicle accident, "MCL 500.3114 instructs a person to pursue his or her 'claim' for PIP benefits from insurers according to the listed order of priority." *Griffin v Trumbull Ins Co*, ___ Mich ___, ___; ___ NW2d ___ (2022) (Docket No. 162419); slip op at 9 (footnote omitted). But when an individual cannot obtain no-fault insurance through ordinary means, the MAIPF fills in the gaps. See MCL 500.3301. The no-fault act directs the MAIPF to "adopt and maintain an assigned claims plan." MCL 500.3171(2). As this Court has explained:

> Even when there does not appear to be any applicable PIP coverage, the Legislature provided that an injured person could obtain PIP benefits through the MACP. See MCL 500.3172(1). All self-insurers or insurers writing insurance as provided by the no-fault insurance act are required to participate in the MACP, with the associated costs being "allocated fairly among insurers and self-insurers." MCL 500.3171(2). In this way, the Legislature ensured that every person injured in a motor vehicle accident would have access to PIP benefits unless one of the limited exclusions in the no-fault act applies, and the losses suffered by uninsured persons injured in motor vehicle accidents could be indirectly passed on to the owners and registrants of motor vehicles through insurance premiums. [*Spectrum Health Hosps v Mich Assigned Claims Plan*, 330 Mich App 21, 32; 944 NW2d 412 (2019).][4]

Thus, if no other applicable insurance is available, the MACP serves as "the insurer of last priority" for an injured person seeking to recover PIP benefits. *Titan Ins Co v American Country Ins Co*, 312 Mich App 291, 298; 876 NW2d 853 (2015).

IV. ANALYSIS

The Estate argues that the trial court erred by holding that its submission of service forms dated after Williamson's death constituted a fraudulent insurance act that was material to its claim for no-fault benefits and that barred its claim under MCL 500.3173a. The Estate contends that the forms were not submitted in support of its claim for no-fault benefits, but instead to comply with a discovery request. According to the Estate, AAA also failed to prove that the Estate had the requisite intent regarding the falsity of the forms and did not establish that the forms were material to the Estate's claim.

[4] Although portions of *Spectrum* have been superseded by the current version of MCL 500.3173a(1), the language cited above remains good law.

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At issue here is MCL 500.3173a(4), the statutory provision governing fraudulent insurance acts made to the MAIPF or to insurers assigned by the MACP:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the [MAIPF], or to an insurer to which the claim is assigned under the assigned claims plan, for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under [MCL 500.4503][5] that is subject to the penalties imposed under [MCL 500.4511]. A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment of [PIP] benefits under the assigned claims plan.

In *Candler*, 321 Mich App at 779-780, this Court explained that an individual commits a "fraudulent insurance act" under MCL 500.3173a when:

> (1) the person presents or causes to be presented an oral or written statement, (2) the statement is part of or in support of a claim for no-fault benefits, and (3) the claim for benefits was submitted to the MAIPF. Further, (4) the person must have known that the statement contained false information, and (5) the statement concerned a fact or thing material to the claim.

After *Candler*, the Legislature amended MCL 500.3173a to clarify that the statute applies to statements presented in support of a claim to the MAIPF or "to an insurer to which the claim is assigned under the assigned claims plan." MCL 500.3173a(4).[6]

---

[5] MCL 500.4503, which is part of the Insurance Code, MCL 500.100 *et seq*., defines fraudulent insurance acts:

> A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive:
>
> * * *
>
> (c) Presents or causes to be presented to or by any insurer, any oral or written statement including computer-generated information as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false information concerning any fact or thing material to the claim.

[6] When *Candler* was decided, the language currently found in MCL 500.3173a(4) was found in MCL 500.3173a(2). The prior language was largely unchanged by the 2019 amendments, except for the clarifying language discussed above. See 2019 PA 21. Thus, the rule of law announced in *Candler*—the interpretation of a "fraudulent insurance act" under MCL 500.3173a—controls.

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The Estate first challenges the application of the second prong from *Candler*, arguing that the service forms were not statements made in support of a claim for no-fault benefits because they were produced during discovery. This argument turns on the proper interpretation of the word "claim" in MCL 500.3173a(4). Therefore, we begin with the principles of statutory interpretation. "Our fundamental obligation when interpreting a statute is to discern the legislative intent that may be reasonably inferred from the words expressed in the statute." *Brackett v Focus Hope, Inc*, 482 Mich 269, 275; 753 NW2d 207 (2008). In doing so, "we give effect to every word, phrase, and clause in a statute, and consider both the plain meaning of the critical word or phrase as well as its placement and purpose in the statutory scheme." *Anderson v Myers*, 268 Mich App 713, 714-715; 709 NW2d 171 (2005). While it is well-recognized that we apply a statute as written where the statutory language is clear and unambiguous, we have also noted that "[t]he no-fault act is remedial in nature and is to be liberally construed in favor of the persons who are intended to benefit from it." *Putkamer v Transamerica Ins Corp of America*, 454 Mich 626, 631; 563 NW2d 683 (1997).

Although "claim" is not defined in the no-fault act, our Supreme Court in *Griffin* provided helpful context to understanding its usage. *Griffin* analyzed the use of "claim" in MCL 500.3114, which in part, instructs individuals injured in a motor vehicle accident to "claim" no-fault benefits under the assigned claims plan or from an insurer in the order of priority. *Griffin*, ___ Mich at ___; slip op at 9; MCL 500.3114(4) through (6). The *Griffin* Court explained: "In this context, a claim for benefits is simply a demand to an insurer by its insured or a third party for payments that are believed to be due after a motor vehicle accident." *Id*. at __; slip op at 9. In a footnote, the Court elaborated:

> *The point is that making a claim for insurance benefits is not the same as filing a lawsuit*. This commonsense, contextual understanding is also consistent with how an insurance claim is understood within the insurance industry. See, e.g., National Association of Insurance Commissioners, *Glossary of Insurance Terms* (defining "claim" as "a request made by the insured for insurer remittance of payment due to loss incurred and covered under the policy agreement"); GEICO, *Glossary of Insurance Terms and Definitions* (defining "claim" as "[a]ny request or demand for payment under the terms of the insurance policy"); International Risk Management Institute, Inc., *Glossary* ("Claim — used in reference to insurance, a claim may be a demand by an individual or corporation to recover, under a policy of insurance, for loss that may come within that policy.") [*Id*. at __; slip op at 9 n 5 (citations omitted; emphasis added; alteration in original).]

This distinction between a "claim" for benefits submitted to the MAIPF or the MACP-assigned insurer and a *lawsuit* filed for a wrongful denial of that claim is further highlighted by the plain language of the no-fault act. For instance, the no-fault act consistently describes a lawsuit not as a claim but as an "action." See, e.g., MCL 500.3135(2) ("cause of action"); MCL 500.3145(1) ("action for recovery"); MCL 500.3174 ("action by a claimant"). And most relevant here, the no-fault act uses "claim" and "action" differently in statutory provisions involving the MACP. MCL 500.3174 provides:

> A person claiming through the assigned claims plan shall notify the [MAIPF] of his or her claim within 1 year after the date of the accident. On an initial determination of a claimant's eligibility for benefits through the assigned

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> claims plan, the [MAIPF] shall promptly assign the *claim* in accordance with the plan and notify the claimant of the identity and address of the insurer to which the *claim* is assigned. An *action* by a claimant must be commenced as provided in [MCL 500.3145]. [Emphasis added.]

The Legislature's consistent use of the word "claim" to describe a request for insurance benefits and use of the word "action" to describe a lawsuit later filed to recover those benefits is presumed to be an intentional choice by the Legislature. Thus, we must give independent meaning to these different words as they are used throughout the no-fault act. See *US Fidelity & Guaranty Co v Mich Catastrophic Claims Ass'n (On Rehearing)*, 484 Mich 1, 14; 795 NW2d 101 (2009) ("When the Legislature uses different words, the words are generally intended to connote different meanings.").

As previously noted, MCL 500.3173a(4) exclusively uses the word "claim" to describe a fraudulent insurance act that bars an individual from receiving PIP benefits through the MACP. Here, the Estate argues that its submission of inaccurate service forms during discovery was not "in support of a claim to the [MAIPF], or to an insurer to which the claim is assigned under the assigned claims plan." MCL 500.3173a(4). We agree. False statements submitted during discovery, after an *action* for recovery has been filed, are not statements offered in support of a *claim* to the MAIPF or the assigned insurer. The no-fault act recognizes a distinction between the prelitigation insurance claims process and the initiation of litigation through an action for recovery. Had the Legislature intended for MCL 500.3173a(4) to apply to statements made during litigation, the Legislature would have drafted the statute differently to apply, for example, to statements offered "in support of an action for recovery." Because the Legislature did not do so, we give "claim" its intended meaning.

Our conclusion is reinforced by considering the entirety of MCL 500.3173a. Courts should construe a statute "as a whole to harmonize its provisions and carry out the purpose of the Legislature." *Macomb Co Prosecutor v Murphy*, 464 Mich 149, 159; 627 NW2d 247 (2001). MCL 500.3173a concerns a claimant's eligibility for PIP benefits and the denial of benefits, revealing that the Legislature intended for the statute to apply to the prelitigation claims process. See MCL 500.3173a(1) ("The [MAIPF] shall review a claim for [PIP] benefits under the assigned claims plan, shall make an initial determination of the eligibility for benefits under this chapter and the assigned claims plan, and shall deny a claim that the [MAIPF] determines is ineligible under this chapter or the assigned claims plan."). Thus, the plain language of MCL 500.3173a, including the exclusion provision for fraudulent insurance acts, applies to acts related to submitting a claim to the MAIPF or the servicing insurer, not to evidence submitted for the first time during litigation.[7]

[7] This interpretation is consistent with the circumstances in *Candler*. There, the plaintiff submitted forged documentation to Farm Bureau, the insurer assigned by the MACP, in support of his claim of reimbursement for replacement services allegedly provided by his brother. *Candler*, 321 Mich App at 776. Farm Bureau learned through a deposition of the plaintiff's brother, however, that the brother did not provide services to the plaintiff for some months listed in the service forms. *Id.*

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The Estate also contends that this Court's decision in *Haydaw* supports its argument distinguishing statements offered through the prelitigation claims process from statements made during discovery. In *Haydaw*, 332 Mich App at 723, this Court addressed "whether statements made during litigation after the insured's claim is denied constitute grounds to void the policy under a fraud provision." *Haydaw* involved allegedly false testimony given by the plaintiff-insured at his deposition. *Id*. at 721-723. This Court held:

> False statements made during discovery do not provide grounds to void the policy because, by that time, the claim has been denied and the parties are adversaries in litigation. Once suit is brought, what is truth and what is false are matters for a jury or a judge acting as fact-finder. And if it can be shown that a party intentionally testified falsely, it is up to the court to determine what, if any, sanction is proper. Indeed, defendant is essentially seeking dismissal of plaintiff's claim on the basis of alleged discovery misconduct. Given that questions of credibility and intent are generally left to the trier of fact, "[i]t is . . . doubtful whether dismissal for intentionally false deposition testimony is ever appropriate." *Swain v Morse*, 332 Mich App 510, 524; 957 NW2d 396 (2020). In any event, it is up to the trial court to determine whether a drastic sanction such as dismissal is warranted for discovery misconduct, including untruthful deposition testimony. To be clear, once an insurer fails to timely pay a claim and suit is filed, the parties' duties of disclosure are governed by the rules of civil procedure, not the insurance policy. [*Id*. at 726-727 (alteration in original).]

This Court clarified *Haydaw*'s scope in *Fashho v Liberty Mut Ins Co*, 333 Mich App 612, 619; 963 NW2d 695 (2020):

> We read *Haydaw* as standing for the unremarkable proposition that an insurer cannot assert that it denied a claim because of fraud that occurred after litigation began; the fraud must have occurred before the commencement of legal proceedings. This recognizes the reality that a plaintiff-insured only commences suit after the defendant-insurer denies the plaintiff's claim and that the denial cannot possibly be based on an event that has not yet taken place. This does not mean that a defendant cannot rely on evidence of fraud obtained after litigation commences. It simply means that the evidence must relate to fraud that took place before the proceedings began.

Just like in *Haydaw*, we hold that the fraudulent insurance act provision in MCL 500.3173a does not apply to statements made after litigation has ensued. We recognize, as AAA argues, that *Haydaw* involved a fraud provision in a no-fault insurance policy, whereas this case involves a claim assigned to an insurer under the MACP and is governed exclusively by statute. Nevertheless, much of the rationale from *Haydaw* is persuasive to the circumstances before us, and most

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Thus, although the fraudulent act was discovered after litigation had commenced, it related to statements made in support of the plaintiff's claim to the assigned insurer.

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importantly, applying *Haydaw*'s holding in this context is consistent with the plain language of MCL 500.3173a(4).

Here, the attendant care and replacement service forms were not submitted in support of Williamson's *claim* for no-fault benefits that he submitted to the MAIPF or to AAA. Rather, the forms were disclosed during discovery—after the claim was submitted to the MAIPF, assigned to AAA, denied by AAA, and litigation had ensued. MCL 500.3173a(4) asks whether the allegedly false statement was "part of or in support of a claim to the [MAIPF], or to an insurer to which the claim is assigned under the assigned claims plan." But a false statement made in a filing submitted during discovery is not a statement made to the MAIPF or to an assigned insurer. Rather, a false statement made during discovery is made to the court. See *Haydaw*, 332 Mich App at 728 ("[A]n insured's statements during discovery are made with the intention that the trier of fact, not the insurer, will act on them."). That is why the court rules authorize courts to sanction discovery violations under specific circumstances. See MCR 2.313. Thus, an insurer may have recourse for a false statement made during discovery, but it is not dismissal of the claim under MCL 500.3173a.[8]

In sum, we conclude that the second element of a "fraudulent insurance act" under MCL 500.3173a(4) as discussed in *Candler*—whether the statement supports a "claim" for no-fault benefits—refers to statements offered to the MAIPF or an assigned insurer during the prelitigation claims process. Statements made for the first time during discovery cannot form the basis of a fraudulent insurance act under MCL 500.3173a(4). In this case, it is undisputed that the attendant care and replacement service forms dated after Williamson's death were submitted in response to a discovery request and not in support of the initial claim for benefits to the MAIPF or AAA. Accordingly, the trial court erred by granting AAA's motion for summary disposition and dismissing the Estate's claims for a fraudulent insurance act under MCL 500.3173a(4).

Given our holding, we need not address the Estate's alternative arguments that AAA failed to satisfy the intent and materiality prongs for a fraudulent insurance act under MCL 500.3173a(4), or that AAA failed to plead the affirmative defense of fraud with sufficient particularity.

We reverse and remand for proceedings consistent with this opinion. We do not retain jurisdiction.

/s/ Kristina Robinson Garrett
/s/ Douglas B. Shapiro
/s/ Michelle M. Rick

---

[8] That is unless, as recognized in *Fashho*, 333 Mich App at 619, the insurer obtains the evidence of a fraudulent insurance act after litigation begins, but the fraud took place before the proceedings began. In that situation, the insurer would have to show, consistent with our holding, that the false statement was offered in support of the initial claim filed with the MAIPF or the assigned insurer, despite its falsity not being uncovered until mid-litigation.

APPENDIX C

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Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 01/2016)

External # 1201874 | Crash ID 1520337

Page 01 of 01
File Class

Incident # 1201874

Reviewer ROBERT CRESWELL

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8234912

Department Name: Detroit Police Department 12

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
10/30/2018	18:40	02	Single Motor Vehicle	● None ○ Fleeing Police ○ Hit and Run ○ Unknown ○ School Bus ○ Animal	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
82 - Wayne	None	On the Road	Rain	INTR Within Intersection

City/Twp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
99 - Detroit	None		Dark-Unlighted	Wet	05	35	Yes

Work Zone (If applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
	GREENFIELD			N

Distance / Direction: AT

Trafficway: Divided Hwy w/o Barrier

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
	GREENLODGE			W

VEHICLE / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	W452115001106O	01/22/1959 (59)	○ Operator ○ Chauffeur ○ Moped	○ Cycle ○ Farm ○ Recreation	M	00	Failed to Yield

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
P	CHARLES WILLIAMSON 19771 FORRER DETROIT, MI 48208	No	B	Pedestrian	No Belts Available

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
		Unknown			Not Equipped

Hospital: GENERIC HOSPITAL CODE

Ambulance: DETROIT FIRE DEPT EMS

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ● Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	○ Blood ○ Urine ○ Field ○ Refused ● Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
		Not Applicable		

Automation System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash
No	No Automation	No Automation

Insurance Company	Insurance Policy #	Towed By	Towed To

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
11	11	No Damage			In Roadway with Traffic

Sequence of Events (● Indicates MOST harmful event)
First: ● 17 - Motor Veh in Transport | Second | Third | Fourth

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital | Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital | Ambulance

COMMERCIAL VEHICLE

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
	○H ○P ○T ○N ○S ○X	○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information

Damaged Property	Public	Owner & Phone

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UNIT

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	W231281071072	01/27/1981 (37)	● Operator ○ Chauffeur ○ Moped	○ Cycle ○ Farm ○ Recreation	M	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	FRED WESTBROOK 2005 RICHTON DETROIT, MI 48206 (248) 302-7689	Yes	O	Front - Left	Shoulder and Lap Belt

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
Appeared Normal		Unknown			Not Deployed

Hospital	Ambulance
NONE	NONE

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ● Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	○ Blood ○ Urine ○ Field ○ Refused ● Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
EXITUS	MI		2016	CHRYSLER	300S	RED

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
2C3CCAGG7GH170900	Passenger Car, SUV, Van	Not Applicable		

Automation System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash
No	No Automation	No Automation

Insurance Company	Insurance Policy #	Towed By	Towed To
CINCINATTI	A010727946		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
07	11	No Damage	S	Private	Going Straight Ahead

Sequence of Events (● Indicates MOST harmful event)	First	Second	Third	Fourth
	● 15 - Pedestrian			

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

SEQUENCE

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
	OH OP OT ON OS OX	○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information

WITNESSES

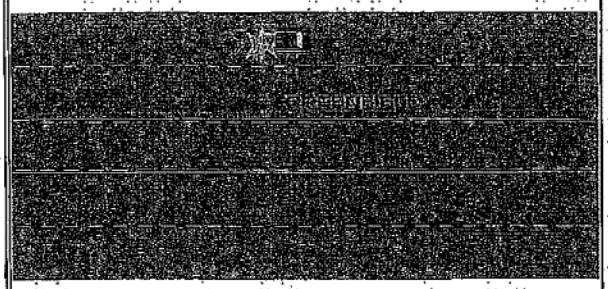
Witness Information	Witness Information
MARCUS HOLLOWAY 20064 BASIL DETROIT 48235 (313) 854-5207	

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
Yes	10/30/2018 (19:17)	LAMONT NELSON (4816)		No

Narrative

UNIT 1 WALKING WESTBOUND ACROSS GREENFIELD NOT USING CROSSWALK INTO ON COMING TRAFFIC THEN STRUCK BY UNIT 2 WHO WAS TRAVELING SOUTHBOUND ON GREENFIELD. UNIT 1 WAS CONVEYED TO PROVIDENCE HOSPITAL BY MEDIC 46 WHERE HE WAS LISTED IN STABLE CONDITION PER DR. PAUL MRN#109119917.

Diagram



INCIDENT/INVESTIGATION REPORT

INCIDENT DATA

Agency Name	Detroit Police Department
ORI	MI 8234900
Case#	181030-0353
Date / Time Reported	10/30/18 18:45 Tue
Last Known Secure	10/30/18 18:45 Tue
At Found	10/30/18 18:45 Tue
Location of Incident	W 8 Mile Rd/greenfield Rd, Detroit
Premise Type	Highway/road/alley
Zone/Tract	

	Crime Incident(s)	Weapon / Tools	Activity	Entry	Exit	Security
#1	Accident, All Other 97006 (Com)		N			
#2	Crime Incident ( )					
#3	Crime Incident ( )					

MO

VICTIM

# of Victims 1 — Type: INDIVIDUAL/ NOT LAW — Injury: Apparent Minor Injury

	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
V1	WILLIAMSON, CHARLES	1	01/22/59 Age 59	B	M	I99	Resident	

Home Address: 19771 FORRER ST, Detroit, MI 48235- — Home Phone: 313-465-0867

Employer Name/Address — Business Phone — Mobile Phone

VYR	Make	Model	Style	Color	Lic/Lis	VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: — Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address — Home Phone

Employer Name/Address — Business Phone — Mobile Phone

Type: — Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address — Home Phone

Employer Name/Address — Business Phone — Mobile Phone

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	03	0	$0.00		1	2016 RED, EXITUS MI	CHRY 300s	2C3CCAGG7GH170900

Officer/ID# Roe, Kayla C (WES, 12TH) [redacted]

Invest ID# (0) — Supervisor: Claybourne, John R (WES, 12TH)

Status — Complainant Signature — Case Status: Active 10/30/18 — Case Disposition: — Page 1

R_CS1IBR — Printed By: BICKERSTAFFK234, — Sys#: 1 — 11/20/18 13:01:0

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INCIDENT/INVESTIGATION REPORT

Detroit Police Department

Case # *181030-0353*

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type	
DRUGS						

Assisting Officers

Suspect Hate / Bias Motivated: *NONE*

NARRATIVE

The victim stated that at the date, time and location listed on the report they were the victim of a motor vehicle accident.

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REPORTING OFFICER NARRATIVE

Detroit Police Department		OCA 181030-0353
Victim: WILLIAMSON, CHARLES	Offense: ACCIDENT, ALL OTHER	Date / Time Reported: Tue 10/30/18 18:45

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

[10/30/2018 19:53, ROEK161, 1974]

PO KAYLA ROE 864
PO LAMONT NELSON 4816

ON 10/30/18 MY PARTNER AND I WERE DISPATCHED TO GREENFIELD/ LODGE SERVICE DRIVE FOR AN AUTO ACCIDENT INVOLVING A PEDESTRIAN.

WHEN I ARRIVED AT THE LOCATION I SPOKE TO OFFENDER WHO STATED HE STRUCK VICTIM WHO WAS CROSSING GREENFIELD HEADING WESTBOUND. OFFENDER WAS TRAVELING SOUTHBOUND ON GREENFIELD IN HIS 2016 CHRYSLER PLATE#EXITUS. OFFENDER STATED VICTIM WAS NOT USING A CROSSWALK AND WALKED INTO ONCOMING TRAFFIC.

VICTIM WAS CONVEYED TO PROVIDENCE HOSPITAL BY MEDIC 46 WHERE HE WAS LISTED IN STABLE CONDITION PER DR. PAUL MRN#109119917.

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Incident Report Suspect List

Detroit Police Department

OCA: *181030-0353*

1	Name (Last, First, Middle)	Also Known As	Home Address
	WESTBROOK, FRED III		[redacted]
	Business Address		

DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State
	37	*B*	*M*							

Scars, Marks, Tattoos, or other distinguishing features

Reported Suspect Detail	Suspect Age	Race	Sex	Eth	Height	Weight	SSN

Weapon, Type	Feature	Make	Model	Color	Caliber	Dir of Travel / Mode of Travel

Veh Yr/Make/Model	Drs	Style	Color	Lic/St	VIN

Notes

Physical Char

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Incident Report Related Vehicle List

Detroit Police Department

OCA: *181030-0353*

1	Veh Yr/Make/Model: *2016 CHRY, 300s*	Style:	Color: *RED*	Lic/Lis: *EXITUS MI 2018*	VIN: *2C3CCAGG7GH170900*	
	IBR Status: *None*	Date: *10/30/18*	Location: *W 8 MILE RD/GREENFIELD RD, DETROIT MI*			
	Condition:	Value: *$0.00*	Offense Code: *9999*	Jurisdiction: *Locally*	State #:	NIC #:
	Name (Last, First, Middle): ** No name **		Also Known As:		Home Address:	
	Business Address:					
	DOB	Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features

Notes

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APPENDIX D

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Michigan Automobile Insurance Placement Facility
PO Box 532318 | Livonia, MI 48153-2318 | Phone: 734-464-8111 | Fax: 734 744-8552
www.michacp.org

Please note, "you" referenced throughout this application is defined as the injured person applying for benefits.
This application must be completed, signed and received no later than one (1) year from the date of accident. Incomplete or illegible applications will be returned without assignment to a servicing insurer. Please also submit a copy of the police report, EMS run form and/or any other documentation. All information will be reviewed, however, please note, additional information may be required. **Please be advised, applications made to the Michigan Automobile Insurance Placement Facility should be submitted as soon as possible to expedite the initial determination of an injured person's eligibility for benefits.**

Injured Person Information

1. Name of Injured Person: First Name	Middle Name	Last Name	Suffix	2. Date of Birth:
Charles		Williamson		01/22/1959

3. List any and all names you have previously or currently go by

4. Social Security #: 368-76-4517

5. Injured Person's Current Address: Street	Apt #	City	State	Zip Code
19771 Freeland St.		Detroit,	MI.	48235

6. Injured Person's Address at the Time of the Accident: Street	Apt #	City	State	Zip Code

7. Home Phone #	8. Work Phone #	9. Cell Phone #	10. Email Address
313-465-0867	N/A	313-465-0867	

11.a. Marital Status: ☑ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Widowed
b. If "married" or "separated" please provide:

Spouse Name: Maxine Williamson Spouse Address: Check here if spouse address is same as injured person's ☑

12. Date of Accident	13. Injured Person's Driver's License # and State or State ID #
10/30/2018	NO License.

14. At the time of the accident, were you a Michigan resident? ☑ Yes ☐ No
a. If no, list state: _____

15. At the time of the accident, did you have any auto insurance? ☐ Yes ☑ No
a. If yes, list Name of Automobile Insurance Company & Policy Number

Accident Information

16. Accident Location: Street	City	State	Zip Code
8 mile & Greenfield Roads	Detroit	MI.	48235

17. Provide a full description of how the accident occurred. Note: If you require additional space, please attach a separate sheet with details as part of this application.
Resident riding bike while crossing street when struck by car.

18. Was a police report made? ☑ Yes ☐ No #18010300353
a. If yes, list name of police department, police report number and date made: Detroit Police Department

19. What was your position at the time of the accident? ☐ Driver ☐ Passenger ☑ Pedestrian ☐ Motorcyclist ☐ Other on Bicycle
a. If you answered "Passenger", where were you seated in the vehicle? ☐ Passenger Front Seat ☐ Driver Side Back Seat ☐ Middle Back Seat ☐ Passenger Back Seat ☐ Other _____

20. Was the vehicle a motorcycle? ☐ Yes ☑ No If you answered "Yes" please provide the following:
a. List the name of the owner of the motorcycle: _____
b. Was the motorcycle insured at the time of the accident? ☐ Yes ☐ No c. Motorcycle Vin # _____
d. If the motorcycle was insured and you were the owner of the motorcycle, please attach a copy of your proof of motorcycle insurance.

21. Were you contacted by a doctor's office or other person about this claim? ☐ Doctor ☐ Other ☑ None
a. If you answered "Doctor", please provide:
Name of Doctor Address Phone Number

b. If you answered "Other", please provide:
Name Address Phone Number

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Injury Information

22. Are you claiming injuries from the accident? ☑ Yes ☐ No a. If yes, describe your injuries:
① Fx. Rt. Lower Leg ② Fx. Superior Rim of Right Orbit
③ Fx. Rt. Tibia ④ multiple Rib Fractures ⑤ displaced Fx. of anterior wall

23. Were you treated and/or transported by an ambulance/EMS or by any other way to a hospital after the accident? ☑ Yes ☐ No
a. If yes, please provide:

EMS/Ambulance/Person Name	Address	Phone Number
Superior Ambulance	28440 Franklin Rd. Southfield, MI.	248-945-6600

24. Were you treated in a hospital after the accident? ☐ Yes ☐ No a. If yes, what type of treatment did you receive? ☐ In-Patient ☐ Out-Patient
b. If yes, please provide:

Hospital Name	Address	Phone Number
Providence Hosp.	16001 W. 9 Mile Road	248-849-3000

Note: If you were treated at more than 1 hospital, attach a separate sheet with contact information as part of this application.

25. Are you currently or were you treated by a doctor after the accident? ☑ Yes ☐ No
a. If yes, please provide:

Doctor Name	Address	Phone Number
Emergency Room	16001 W. 9 Mile Road	248-849-3000

b. Name of person who referred you to this doctor: Taken via Ambulance.

Note: If you were treated at more than 1 doctor, attach a separate sheet with contact information as part of this application.

26. Before this accident happened, did you have any of the same injuries as you listed in question 22? ☐ Yes ☑ No
a. If yes, describe which injuries and the doctors/pharmacies you treated with:

Injuries N/A

Doctors/Pharmacy Name	Address	Phone Number	How long were you treating?
N/A			

Note: If you sought treatment from more than 1 doctor/pharmacy, attach a separate sheet with contact information as part of this application.

27. Please list any medical conditions you had and/or medications you were taking at any time before this accident.
a. If so, please provide the name, address, phone number(s) and length of treatment:

Doctors/Pharmacy Name	Address	Phone Number	How long were you treating?

Note: If you sought treatment from more than 1 doctor/pharmacy, attach a separate sheet with contact information as part of this application.

28. Do you have a primary care doctor? ☑ Yes ☐ No a. If yes, please provide:

Doctors Name	Address	Phone Number

29. Have you received any medical bills from this accident?	30. Do you expect to receive medical bills from this accident?	31. Did you apply for social security disability benefits at any time before or after this accident?
☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No 31b. If yes, please provide all of the dates of your application(s):

Medical Insurance

32. Do you have any kind of health insurance? ☑ Yes ☐ No a. If yes, please provide:

Name of Health Insurance Co.	Address	Phone Number
Aetna Medicaid	151 Farmington Ave.	800-624-0756

Policy or Plan Number: 000252.7825 Member Number: _____ Group Number: _____

33. Are you a Medicare Beneficiary? ☐ Yes ☑ No a. If yes, what is your Medicare #: _____

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Employment Information

34. Were you employed at the time of the accident? ☑ Yes ☐ No a. If yes, provide the following information; If no, skip to question 42.

Name, Address and Phone Number of Your Employer	Job Title	Average weekly income at the time of the accident	List the dates of your employment: From	To
—	—	$ —	—	—

Note: If you were employed by more than 1 employer, attach a separate sheet with contact information as part of this application.

35. Have you missed any work because of your injuries? ☐ Yes ☑ No a. If yes, what is the first date you missed work? _____

36. Do you have a note from a doctor ordering you to stay home from work? ☐ Yes ☑ No a. If yes, please provide:
Doctors Name Address Phone Number

37. Have you returned to work? ☐ Yes ☑ No
a. If yes, what date did you return to work? _____

38. If not yet returned, have you been given a return date? ☐ Yes ☑ No
a. If yes, return to work date: _____

39. Were you on the job at the time of the accident? ☐ Yes ☑ No
a. If yes, are you eligible for any benefits under workers compensation? ☐ Yes ☑ No

40. How did you normally get to work before the accident? I.E. Public Transportation, motor vehicle, etc. N/a

41. Are you eligible for any benefits under any other wage or salary continuation plan? ☐ Yes ☑ No

Entitlement Information-Note that question 42 refers to the involved motor vehicle you were in, getting into or out of, or were struck by as a pedestrian or if applicable, the motorcycle you were on at the time of the accident.

42. Was there damage to the vehicle you were occupying or struck by? ☐ Yes ☐ No ☑ Unknown If yes, describe the damage to the vehicle:

a. Was the vehicle towed? ☐ Yes ☐ No If yes, please provide: Name of Towing Company Address Phone Number

b. Was the vehicle repaired? ☐ Yes ☐ No If yes, please provide: Name of Repair Company Address Phone Number

c. Do you know the current location of the involved vehicle? ☐ Yes ☑ No If yes, please provide: Location of Vehicle Address Phone Number

Note: If you were struck by more than 1 vehicle as a pedestrian, attach separate sheet with contact information as part of this application.

d. Did you use the motor vehicle/motorcycle at any time before the date of the accident? ☐ Yes ☐ No ☐ Unknown

e. How often did you use the vehicle/motorcycle?
☐ Daily ☐ Once a Week ☐ Two or More Times Per Week ☐ Less than Once Per Month ☐ Rarely ☐ Other, please explain N/a

f. Did you have access to a set of keys to the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

g. Have you ever had to ask permission to use the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown N/a

h. Have you ever been denied permission to use the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

i. Did you ever put gas in the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

j. Did you ever pay money toward the purchase or the maintenance of the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

k. Did you have permission to use the vehicle/motorcycle on the date of the accident? ☐ Yes ☐ No ☐ Unknown If Yes, from who? N/a

43. List the name of the owner of the vehicle (Note, if you were on a motorcycle, please provide the following information about the vehicle involved in your accident):
First Name: Fred Middle Name: _____ Last Name: Westbrook III

Owner's Address and Phone Number
2005 Richton Avenue, Detroit, mi. 48216

a. List the Name of the Registrant of Vehicle involved in the accident if different than the owner: First Name: Fred Middle Name: _____ Last Name: Westbrook III

Registrant's Address and Phone Number
2005 Richton Avenue Detroit, mi. 48216

b. Vehicle Involved:

Year	Make	Model	Vehicle Identification Number (VIN)	Plate Number	State the Vehicle is Registered in
2016	Chev	300	2C3CCAGG7GH170900	EKTMS	MI

c. Did the owner and/or registrant of this vehicle have any automobile insurance on the date of the accident? ☐ Yes ☐ No If yes: Unknown
Name of Insurance Company: ? Policy #: ?
How did you confirm if the owner/registrant did or did not have insurance? Certified letter sent

d. If not you, list the name of the driver of the vehicle: First Name Middle Name Last Name

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

e. Did the driver have automobile insurance in effect on the date of the accident? ☐ Yes ☐ No If yes: Unknown
Name of Insurance Company: _____ Policy #: _____
How did you confirm if the driver did or did not have insurance? Certified letter sent
f. How many people were in the vehicle? _____
Please list all passengers in this vehicle at the time of the automobile accident:

Name	Address	Phone Number	Passenger's Insurance Company (if any)	Insurance Policy #
	Unknown			

Note: If more than 5 passengers, attach separate sheet with the above information as part of this application.

44. Were there witnesses to the accident? ☐ Yes ☐ No If yes, please provide: None listed on police Report

Witness Name	Address	Phone Number
Witness Name	Address	Phone Number

Note: If more than 2 witnesses, attach separate sheet with contact information as part of this application.

Entitlement Information *(continued)*

45. List all the people who lived in your home at the time of the auto accident and their relationship to you:

Name	Relationship
Marine Williamson	Sister

If more than 3, attach separate sheet with information as part of this application.

46. Describe all motor vehicles owned by you, your spouse (even if you are separated) or any relative living in your home on the date of the accident: If none, check here: X

Owner/Relationship	Year, Make & Model of Vehicle	Vehicle Identification Number	Plate Number	Insurance Co & Policy Number

Note: If more than 3, attach separate sheet with contact information as part of this application.

47. Have you ever made a claim for benefits (i.e. payment of medical bills) due to an injury that was caused by an automobile accident? ☐ Yes X No
a. If yes, please provide:
Name of Insurance Company Claim Number

48. Are you filing this claim with the Michigan Automobile Insurance Placement Facility because there is a dispute between two or more insurance companies concerning their obligation to provide you with insurance coverage? ☐ Yes X No
a. If yes, please provide documentation of the dispute and the following:
Name of Insurance Company Phone Number Claim Number

Name of Insurance Company Phone Number Claim Number

49. Please document what actions you have taken to determine that there is no other auto insurance coverage. This question should be completed to expedite the claims process (attach additional sheet(s) if needed and any supporting documentation).
Please see attached letter (4pg)

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Please note, if the top two boxes below are not acknowledged and the application is not signed and dated, the application will be considered incomplete and will be returned to the injured person or the preparer for further completion.

X I have reviewed the application in its entirety and attest that the information contained therein is true and accurate. If I am a medical provider and am submitting this application on behalf of the injured person, I attest that I have knowledge of the information provided, have thoroughly investigated and verified all documented information and have knowledge that all the information documented is true and accurate.

X I acknowledge I have read the following fraud warning:

FRAUD WARNING

A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan Automobile Insurance Placement Facility for payment or any other benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 of the insurance code that is subject to the penalties imposed under section 4511. **A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the Assigned Claims Plan.**

X I understand that if benefits are paid to me or for my benefit, the owner of the involved, uninsured vehicle will be financially responsible for reimbursement of all no fault benefits paid and costs associated with this claim pursuant to the Michigan No Fault Act.

X If I provided an email address, I understand that future correspondence and information regarding this claim may be exchanged via the email contact provided.

Signature of Injured Person or Representative	Printed Name of Injured Person or Representative	Date:
X Charles Williamson	X Charles Williamson	12/14/2018
Signature of Preparer (if different than above)	**Printed Name of Preparer (if different than above)**	**Date:**
X Kimberly Taylor	X Kimberly Taylor	12/14/2018

Who prepared this application? ☐ Injured Person ☐ Attorney X Third Party Biller ☐ Parent ☐ Legal Guardian

Preparer Name and Company: TFX Lakeland Center

Address: 24900 Franklin Road

City: Southfield State: MI Zip Code: 48033

Phone Number: 248-350-8078

If the preparer is a medical provider: Do you have an assignment of benefits?

X Yes ☐ No If Yes, please attach.

Michigan Assigned Claims Plan
c/o Michigan Automobile Insurance Placement Facility
PO Box 532318
Livonia, MI 48153-2318
www.michacp.org Phone: 734-464-8111
Email: info@michacp.org
Fax: 734 744-8552

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APPENDIX E

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Approved, SCAO | Original - Court, 1st copy - Defendant | 2nd copy - Plaintiff, 3rd copy - Return HO

STATE OF MICHIGAN 50th JUDICIAL DISTRICT / JUDICIAL CIRCUIT / COUNTY PROBATE	SUMMONS	CASE NO. 19-014047-NF

Court address: 1200 N Telegraph Rd. Pontiac, MI 48341

Court telephone no.: 248-858-0582

Plaintiff's name(s), address(es), and telephone no(s).
Charles Williamson

v

Defendant's name(s), address(es), and telephone no(s).
AAA
John Bruno
Secretary and General Counsel
1 Auto Club Drive
Dearborn, MI 48126

Office of General Counsel
OCT 24 2019
RECEIVED

Plaintiff's attorney, bar no., address, and telephone no.
LAW OFFICE OF CARL L. COLLINS III
Carl L. Collins III (P55982)
Attorneys for Plaintiffs
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
855-CAR-HIT-U

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

☐ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
☐ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
☑ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in ☐ this court, ☐ _____ Court, where it was given case number _____ and assigned to Judge _____.

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk. **SUMMONS**

NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court** (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date	Expiration date*	Court clerk

*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 10/22/2019 4:17 PM Laverne Chapman
855-CAR-HIT-U
The Law Office of Carl Collins III, PLLC

RECEIVED by MSC 8/16/2023 1:31:57 PM

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

CHARLES WILLIAMSON
Plaintiff,
v.

Case No. NF
Hon.

AUTO CLUB OF MICHIGAN and
AAA-MICHIGAN,
Defendants,
/

Office of General Counsel

OCT 24 2019

RECEIVED

LAW OFFICE OF CARL L. COLLINS III
Carl L. Collins III (P55982)
Attorneys for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100
/

There are no other pending or resolved civil actions arising out of the transaction or occurrence alleged in the complaint

COMPLAINT

NOW COMES the Plaintiff, CHARLES WILLIAMSON, by and through the Plaintiff's attorneys, LAW OFFICE OF CARL L. COLLINS III, and in the Plaintiff's Complaint against the Defendants, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, states the following:

JURISDICTION AND VENUE

1. This Court has jurisdiction over this action as the amount in controversy, exclusive of interest and costs, exceeds the sum of $25,000.00. MCL 600.605.
2. Venue is proper in this Circuit, pursuant to MCL 600.1621(a), as the Defendants resides or conducts business in Wayne County, in the State of Michigan.
3. The acts by the Defendants that form the basis of this legal action all occurred in Wayne County, in the State of Michigan.

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The Law Office of Carl Collins III, PLLC

NOTICE

4. That as a result of the below occurrence CHARLES WILLIAMSON, suffered great physical and emotional injuries, not limited to serious impairment of body function, traumatic brain injury, L2-L3, L3-L4, L4-L5 disc buldge, L4-L5, L5-S1 and L4-L5 damages, right knee tear of the posterior horn, surgical changes, left fracture of the knee, permanent disfigurement, permanent injuries, aggravation of preexisting injuries, physical and emotional, pain and suffering, and mental anguish as a result of being struck by a vehicle on October 30, 2018 at 6:40 p.m. on Greenfield Rd, in the City of Detroit, County of Wayne and State of Michigan as said vehicle operated by FRED WESTBROOK and all witnessed by Marcus Holloway, 20064 Basil, Detroit, Mi, (313) 854-5207.
5. That this serves as notice under MCLA 500.3145 to Defendants AUTO CLUB OF MICHIGAN and AAA-MICHIGAN.
6. That the address of the Plaintiff under this notice shall be the above counsel for the Plaintiff.

COUNT I: BREACH OF CONTRACT

7. The Plaintiff incorporates all paragraphs by reference as though fully set forth herein.
8. That on or about October 30, 2018, CHARLES WILLIAMSON, was insured under the provisions of an automobile insurance policy issued by AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, then in effect in accordance with the provisions of the No-Fault Insurance Act (No-Fault), MCL 500.3101 *et seq.*
9. That pursuant to the No-Fault Act MCL 500.3114, the Defendants are the insurer having the highest order of priority to provide the Plaintiff personal injury protection (PIP) benefits coverage.

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10. That on or about October 30, 2018, upon the accidental injury of the Plaintiff, CHARLES WILLIAMSON, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, became obligated to provide the Plaintiff personal injury protection (PIP) benefits coverage, including, but not limited to medical bills, attendant care, replacement services and lost wages in accordance with the applicable No-Fault provisions.
11. That the Plaintiff have submitted notice of the Plaintiff's personal injury protection (PIP) benefits claim to AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, has refused and/or ignored same.
12. That the AUTO CLUB OF MICHIGAN and AAA-MICHIGAN,, assigned the Plaintiff a claim number of 401045161 and has failed and/or refused to pay or even acknowledge the Plaintiff's personal injury protection (PIP) benefits claims.
13. That the Defendants have breached the automobile insurance contract and the Defendants' statutory obligation to provide personal injury protection (PIP) benefits coverage to the Plaintiff.
14. That as a result of the Defendants failure and refusal to provide personal injury protection (PIP) benefits; the Plaintiff has sustained financial harm.
15. The Plaintiff requests that this Honorable Court enter an order compelling the Defendants to meet the Defendants' contractual and statutory obligation and award the Plaintiff damages of an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs and any other relief this Honorable Court deems appropriate for the Defendants' unreasonable refusal to pay personal injury protection (PIP) benefits.

COUNT II: DECLARATORY RELIEF

17. The Plaintiff incorporates all paragraphs by reference as though fully set forth herein.

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18. An actual controversy exists between the Plaintiff and the Defendants.

19. That the Court must determine the following:

a. The applicability of the No-Fault Act to the Plaintiff's claim;

b. The amount of wage loss benefits, replacement service expenses, medical expenses, no-fault interest, actual attorney fees or other benefits owed to the Plaintiff;

c. Any coverage or policy disputes between the Plaintiff and the Defendants and

d. Other determinations, orders and judgments necessary to fully adjudicate the rights of the parties.

20. The Plaintiff requests that this Honorable Court enter judgment against the Defendants in an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs, any other relief this Honorable Court deems appropriate, as well as all past, present and future personal injury protection (PIP) insurance benefits so wrongfully denied.

WHEREFORE, the Plaintiff prays that this Honorable Court enter judgment against the Defendants in an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs and any other relief that this Honorable Court deems appropriate for the Defendants' unreasonable refusal to pay personal injury protection (PIP) benefits.

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Respectfully Submitted,
LAW OFFICE OF CARL L. COLLINS III
By: /s/Carl L. Collins III
Carl L. Collins III (P55982)
Attorneys for Plaintiff

Date: October 21, 2019

855-CAR-HIT-U
The Law Office of Carl Collins III, PLLC

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APPENDIX F

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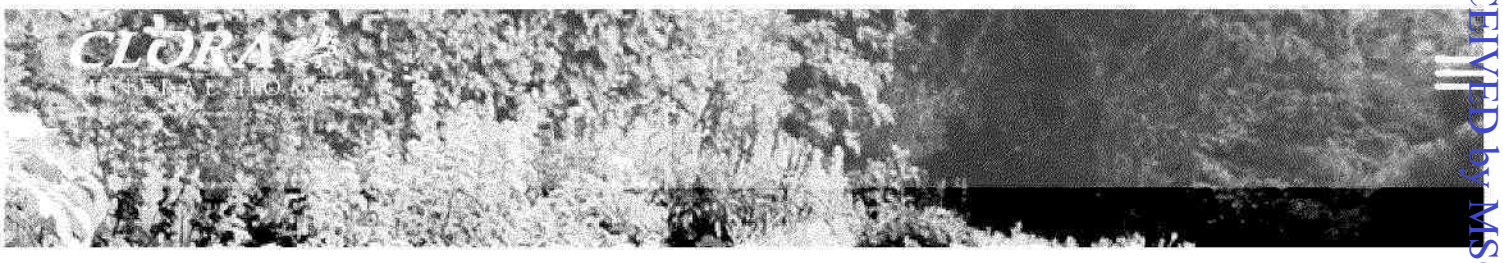
Detroit East: (313) 368-0100 River Rouge: (313) 843-0100 Detroit West: (313) 914-3334





Send Beautiful Flowers

Share a Memory

Share

MR. CHARLES WILLIAMSON

January 22, 1959 - October 23, 2019

Login

PRINT

The family of MR. CHARLES WILLIAMSON created this Life Tributes page to make it easy to share your memories.

Obituary & Service
No obituary.
View More

Share a Memory Below
A comforting word from you means a lot.
Share a Memory

Flowers & Gifts
Send flowers to the WILLIAMSON's family.
Send Flowers

Tribute Wall | Photos & Videos | **Family Dates** | + More

Birthdays

CHARLES WILLIAMSON	Jan 22, 1959 - Oct 23, 2019	60 years

Anniversaries

No anniversaries yet.
You can contribute with this family by adding members and growing this family tree.

APPENDIX G

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OSM CODE: LET

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE	FILE NO. 2020-854581-DE Judge David A. Perkins

Estate of Charles Williamson, Decedent

TO: Name, address, and telephone no.

Porsha Williamson
9213 West Pickwick Circle
Taylor, MI 48180
(313)685-3634

Lateshea Williamson
19771 Forrer
Detroit, MI 48235
(313)687-3937

You have been appointed and qualified as Co- Personal Representative of the estate on 01/08/2020.
Date

You are authorized to do and perform all acts authorized by law except as to the following:
Restrictions:

These letters expire: **3/5/2021**.
Date

01/08/2020
Date

Probate Register

SEE NOTICE OF DUTIES ON SECOND PAGE

DARREN M. FINDLING	51350	DARREN M. FINDLING	51350
Attorney name (type or print)	Bar no.	Attorney name (type or print)	Bar no.
414 W 5TH ST		414 W 5TH ST	
Address		Address	
ROYAL OAK, MI 48067-2545	(248)-399-3300	ROYAL OAK, MI 48067-2545	(248)-399-3300
City, state, zip	Telephone no.	City, state, zip	Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

JAN 08 2020
Date

Deputy Probate Register

The Letters of Authority are valid only if issued with the raised seal of the Wayne County Probate Court.

Do not write below this line - For court use only

MCL 700.3103; MCL 700.3307, MCL 700.3414, MCL 700.3504, MCL 700.3601,; MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

PC 572 (06/16) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

Porsha Williamson
9213 West Pickwick Circle
Taylor, MI 48180

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The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you. See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

CONTINUED ADMINISTRATION: If the estate is not settled within 1 year after the first personal representative's appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of the first personal representative's appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate. [MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

DUTY TO COMPLETE ADMINISTRATION OF ESTATE: You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

CHANGE OF ADDRESS: You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

Additional Duties for Supervised Administration

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

INVENTORY: You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative.
[MCL 700.3706, MCR 5.307, MCR 5.310(E)]

ACCOUNTS: You are required to file with this court once a year, either on the anniversary date that your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

ESTATE (OR INHERITANCE) TAX INFORMATION: You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

Additional Duties for Unsupervised Administration

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

INVENTORY: You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). You are also required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

ESTATE (OR INHERITANCE) TAX INFORMATION: You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

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STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	YOUR RESPONSIBILITIES AS PERSONAL REPRESENTATIVE	FILE NO. 2020-854581-DE

In the matter of Charles Williamson, Decedent

Claims. In almost all cases, notice to the decedent's creditors must be published in a newspaper. If you know of specific creditors of the decedent, they must be given a ***Notice to Known Creditors*** form. You must determine what creditors' claims, if any, should be paid. The estate cannot be closed if publication is required and was not done.

Inventory. The law requires you to file an ***Inventory*** listing all the estate's assets as of date of death within 91 days of the date you became personal representative. The Court will send you a notice and a blank ***Inventory*** form approximately a month before it is due. The Court will calculate the inventory fee, which the estate must pay within one year of the date you became personal representative. Failure to file the inventory may lead to your suspension and\or the case being administratively closed.

You Must File A Notice Of Continued Administration Annually. The law requires you to file a ***Notice of Continued Administration*** form each year the estate is open – it is due on the anniversary of the date you became personal representative. The Court will send you a notice and a blank ***Notice of Continued Administration*** form approximately a month before it is due. Failure to file the form may lead to your suspension as personal representative and\or the case being administratively closed. FAX [(313) 967-4030] or mail the form to the following address:

Wayne County Probate Court, General Office
1307 Coleman A. Young Municipal Center
2 Woodward Ave.
Detroit, MI 48226

All Letters of Authority issued by the Wayne County Probate Court include an expiration date of 56 days after the fiduciary's qualification anniversary date. Updated copies of Letters of Authority are $12 each, and can be paid by cash, check or money order made payable to the Wayne County Probate Court. Mail your request, along with a self-addressed return envelope, to the address listed below. Letters of authority can also be paid for in person by MasterCard or Discover. JPMorgan Chase Bank will charge a convenience fee of 2.49% that will be added to your payment amount for each transaction completed (minimum charge of $3.95).

Tell The Court If Your Or The Address Of Any Interested Person And/Or Telephone Number Changes. If you fail to tell the court about an address and/or telephone number change for yourself or an interested person within 7 days, you could be suspended. FAX [(313) 967-4041] or mail the updated address and/or phone number information to:

Wayne County Probate Court, Document Processors
1307 Coleman A. Young Municipal Center
2 Woodward Ave.
Detroit, MI 48226

GUIDELINES FOR RECORD KEEPING BY PERSONAL REPRESENTATIVES

AFTER RECEIVING LETTERS OF AUTHORITY:

- File a change of address card with the Post Office to receive the decedent's mail.
- Create a file for the decedent.
- Keep the following documents in the decedent's file: all petitions, letters of authority, inventories, fiduciary bonds, notices of continued administration, accounts, guardian ad item (GAL) reports, and closing papers.

FINANCES AND RECORD KEEPING:

- There should be one bank account for the decedent with the following caption: "Estate of John Doe, deceased".
- When closing the decedent's account and opening a new one, keep all opening and closing documents.
- All checks payable to the decedent must be deposited into the bank account.
- Open all bank and other statements immediately to identify any irregularities.
- All checks must be hand signed by the fiduciary. Never use a signature stamp. Do not allow anyone else to sign checks. Keep in secure location.
- Keep a copy of all bank statements, checks written, and receipts.
- When closing the decedent's account and opening a new one, keep all closing documents.
- All spending must only be used for the administration of the estate (payment of claims, inventory fees, attorney fees, etc.) and\or payment of heirs or devisees for their share of the estate.
- If there is a question about expenditure, file a petition with the court to obtain court approval.
- Demand and obtain written bills before making a payment.
- Computerized records must be backed up and stored in at least one other location.

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APPENDIX H

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;

b. Your present address and state of residency;

c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;

d. Your date and place of birth;

e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

a. The total period of disability for which you claim these benefits, e.g., 1/1/90 to 2/1/90;
b. The total amount of wage loss no-fault benefits you claim to the date that you answer these Interrogatories;
c. On what daily, weekly, or monthly wage loss rate is your claim based.

ANSWER:

Allowable Expenses

26. Please state whether or not you have suffered any additional financial losses as a result of the incident complained of, other than those covered by the preceding Interrogatories; if so, please state the following:

a. The nature and the amount of such losses;
b. The date(s) thereof;
c. The names and addresses of any person(s) to whom any money so claimed as additional loss is paid or owing.

ANSWER:

27. Do you claim allowable medical expense no-fault benefits pursuant to MCL §500.3107(a) in this lawsuit?

ANSWER:

28. If your answer to Interrogatory 27 is yes, please provide the following information as to each doctor, hospital or person who has rendered medical services to you and list separately each medical expense claimed:

a. The name of the doctor, hospital or person rendering the medical service;
b. The total amount of medical expense benefits claimed for each doctor, hospital, etc.;
c. Dates of treatment;

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

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a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

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All records listed in answer to 54 plus the claim file and deposition transcript.

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

58. If you claim attendant care services pursuant to MCL §500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached

59. If you claim attendant care services pursuant to MCL §500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

$14.00

60. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;

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c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

See attached

61. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Hours performed times $14.00 an hour

62. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she claims in the case at bar.

ANSWER:

Pursuant to the doctor's orders

63. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

See answer to number 54

64. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached forms

65. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

Asked and answered.

66. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;
c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

Asked and answered.

67. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Asked and answered.

68. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she

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claims in the case at bar.

ANSWER:

Asked and answered.

69. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

Asked and answered.

Public Media

70. Please provide:

a. Your current email address;
b. Any and all former email addresses you have used for the past 3 years;
c. Any and all websites you maintain and/or domain names registered to you.

ANSWER:

unknown

71. Do you participate in any social or professional networking, blogging or Journaling website? Examples include but are not limited to: Face book, MySpace, LinkedIn, Webkinz, Classmates.com, Twitter, Friendster, and Blogger.com.

ANSWER:

no

72. If your answer to the previous interrogatory is yes, please provide a complete list of the website you use, and also provide:

a. Any and all names, user ID's, user names or email address for social and/or

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professional networking sites or blogs;

b. Please state which user name corresponds to which website;

c. How long you have used said website and/or blog;

d. The last date you logged into and/or updated said website;

ANSWER:

none

73. Please identify the owner of the vehicle you occupied at the time of the accident by name, address, phone number and relationship to you, if any.

a. Pursuant to MCR 2.310, please attach copies of each and every document or thing which supports your identification of the owner.

ANSWER:

See police report

74. Please provide the cell phone number and provider for your mobile communication equipment which was in effect on the date of the accident, and 30 days after the accident date.

ANSWER:
313-808-8611
Metro PCS

Medicaid/Medicare

75. Does Plaintiff qualify for Medicare/Medicaid benefits?

ANSWER:

yes

76. If so, has Plaintiff received Medicare/Medicaid benefits at any time since the incident at issue in this case? If yes, then state:

a. When Plaintiff and/or Medicare/Medicaid recipient first began to receive Medicare/Medicaid benefits;

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b. Is there a lien for the benefits received on Plaintiff and/or Medicare/Medicaid recipient's claim in this case;

c. Has this lawsuit been reported to the COBC;

d. Have you requested and/or received a Conditional Payment Letter?

   i. If a Conditional Payment Letter has been received, attach a copy of the letter to these Interrogatories pursuant to MCR 2.310.

   ii. What is the last treatment date for the claims included within the Conditional Payment Letter?

   iii. Are any charges included within the Conditional Payment Letter/Lien disputed? If so, please state:

      1. The amount of the disputed claims.
      2. The date of the disputed claims.
      3. The name and contact information for the treater whose claim is disputed.
      4. State with specificity, the reason that the claim is being disputed by Plaintiff and/or Medicare/Medicaid recipient;
      5. Whether any decision has been issued by Medicare/Medicaid regarding the disputed claim.

e. Has Plaintiff and/or Medicare/Medicaid recipient had any treatment since the Conditional Payment Letter was issued? If so, state:

   i. The date of said treatment;

   ii. Where this treatment was provided;

   iii. The name and contact information of the person and/or entity providing said treatment;

   iv. State with specificity, the nature of the treatment provided;

   v. Were there any costs associated with said treatment? If so, state:

      1. The total cost of said treatment;
      2. Who paid for the cost of this treatment;
      3. Attach a copy of the bills for said treatment pursuant to MCR 2.310.

ANSWER:

Asked and answered.

77. For the purposes of allowing Defendant to provide notice to CMMS, state:

a. Plaintiff and/or Medicare/Medicaid recipient's social security number;
b. Plaintiff and/or Medicare/Medicaid recipient's HICN Number;
c. Plaintiff and/or Medicare/Medicaid recipient's full name;
d. Whether Plaintiff and/or Medicare/Medicaid recipient's ever sought Medicare/Medicaid benefits under any other name. If so, please state each name under which benefits were sought and/or received;
e. Plaintiff and/or Medicare/Medicaid recipient's date of birth;
f. The date of the alleged incident giving rise to this Complaint;
g. The alleged cause of injury, accident or illness;
h. ICD-9 Diagnosis Code numbers (1) through (19), if applicable;
i. Plaintiff and/or Medicare/Medicaid recipient's attorney's law firm tax ID number.

ANSWER:
Asked and answered.

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78. Does the Plaintiff agree to voluntarily supplement Plaintiff's Answers to these Interrogatories as Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company become aware that the answers to each question set forth above either changes or if additional information is obtained by Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company.

ANSWER:

yes

STATE OF MICHIGAN)
)
COUNTY OF Oakland)

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.

Personal Representative of Charles Williamson

Subscribed and sworn to before me
this ____ day of _____, 2019.

_____
Notary Public

County of
State of Michigan
My commission expires:

Date: February 10, 2020

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4/10457 6/ Date of Loss: 10/13/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/A.M care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2018

Date 1 Hours:	Date 2 Hours:	Date 3 Hours:	Date 4 Hours:	Date 5 Hours:	Date 6 Hours:	Date 7 Hours:
Date 8 Hours:	Date 9 Hours:	Date 10 Hours:	Date 11 Hours:	Date 12 Hours:	Date 13 Hours:	Date 14 Hours:
Date 15 Hours:	Date 16 Hours:	Date 17 Hours:	Date 18 Hours:	Date 19 Hours:	Date 20 Hours:	Date 21 Hours:
Date 22 Hours:	Date 23 Hours:	Date 24 B, E, I Hours: 16	Date 25 B E I Hours: 16	Date 26 B E I Hours: 16	Date 27 B E I Hours: 16	Date 28 B E I Hours: 16
Date 29 B E I Hours: 16	Date 30 B E I Hours: 16	Date 31 B E I Hours: 16		—		

Signature: [signature] Date: 12/31/18

Total Hours: 128

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: January Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 1/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: February Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 Hours:	Date 30 Hours:	Date 31 Hours:				

Signature: [signature] Date: 2/28/19

Total Hours: 448

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: March Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: X Lirrice D Brown Date: 3/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 40104516 Date of Loss: 10/31/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: April Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 4/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
(i, l.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: May Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 5/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: June Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 6/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: July Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 7/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: August Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: X [signature] Date: 8/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: September Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 9/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: October Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 10/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: November Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: Lirrice D Brown Date: 11/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (_____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 12/31/19

Total Hours: 496

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

1/31/24
DATE

Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010f5161

2) The following household/replacement services have been provided for: Chanel Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

2/28/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4W104551601

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

3/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

4/21/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010ft5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

5/21/19
DATE

X Eunice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010FB1101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

6/30/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

7/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4000451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

8/31/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401024516 01

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Livrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

9/20/19
DATE

X Livrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010F5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

10/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010H5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

11/20/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401045101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

12/31/19
DATE

Lirrice D Brown
SIGNATURE OF CARE GIVER

APPENDIX I

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 12/1/2020 2:45 PM Monica Atkinson

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and, LATESHEA WILLIAMSON, as Personal Representatives for the Estate of Charles Williamson (deceased),

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

DEFENDANT, AAA OF MICHIGAN'S MOTION FOR SUMMARY DISPOSITION

NOW COMES Defendant, AAA OF MICHIGAN, by and through its attorneys, ANSELMI MIERZEJEWSKI RUTH & SOWLE P.C., and pursuant to MCR 2.116(C)(10), states as follows:

1. On October 22, 2020, Plaintiff Charles Williamson's personal representatives of his estate ("Plaintiff's Estate") filed this Complaint seeking no-fault benefits from AAA of Michigan ("Defendant") for injuries allegedly arising out an October 30, 2018 motor vehicle accident.

2. That in its Answers to Defendant's Interrogatories, Plaintiff claimed reimbursement of attendant care and replacement services that was allegedly performed after

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Plaintiff passed away. (**Exhibit A**- Plaintiff's Discovery Responses).[1]

3. That in its Answers to Defendant's Interrogatories, Plaintiff indicated that he is making a claim for replacement services and attendant care and to see attached documents. *Id.*

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;
b. The date or dates upon which said services were provided;
c. Specify the services performed on each date;
d. The amount of loss of services benefit you claim in regard to each person;
e. The amount of money which you have paid to each person in regard to said services;
f. The form of payment to each person, i.e., cash or check or by some other means;
g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

a-g Lirrice Brown. See attached services forms

Id.

[1] Defendant deleted irrelevant pages for brevity.

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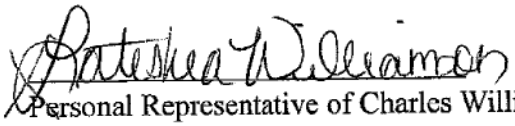
4. That the replacement services and attendant care calendars attached to Plaintiff's Interrogatory Answers indicate Plaintiff received these services in November and December, 2019.

5. That unfortunately, Plaintiff passed away on October 23, 2019. (**Exhibit B**-Plaintiff's Obituary).

6. That Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories indicating that she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id.

7. That therefore, Plaintiff has misrepresented information in support of his claim for No-Fault benefits and is ineligible for benefits.

8. *Mina v Gen Star Indemnity Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) held that "[a] statement is material if it is reasonably relevant to the insurer's investigation of a claim." (rev'd in part on other grounds).

9. The unpublished Michigan Court of Appeals decision in *McCune v Allstate Ins Co*, 2019 WL 137150 states that "facts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested" are material. (**Exhibit C**).

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10. MCL 500.3173a(4)[2] states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as a part of or in support of a claim to the Michigan Automobile Insurance Placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to penalties imposed under section 4511. A claim that contains or is supported by fraudulent insurance act as described in the section is ineligible for payment or benefits under the assigned claims plan.

11. The Michigan Court of Appeals in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) found a plaintiff was **completely barred from recovering any No-Fault benefits** pursuant to MCL 500.3173a(2) for fraudulently claiming attendant care that was never rendered.

12. That Plaintiff's estate knowingly presented material misrepresentations in support of Plaintiff's claim for benefits and is completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(4).

13. That pursuant to MCR 2.116(C)(10), summary disposition is appropriate where there is no genuine issue of material fact, and the moving party is entitled to judgment as a matter of law. MCR 2.116(C)(10).

14. That in this case, there is no genuine issue of material fact that Plaintiff was deceased when he allegedly received attendant care and replacement services in November and December, 2019. Thus, Plaintiff made material misrepresentations in support of his claim for No-Fault benefits, and Defendant is entitled to dismissal of Plaintiff's claim as a matter of law.

WHEREFORE, Defendant, AAA OF MICHIGAN, respectfully requests that this Honorable Court grant Defendant's Motion for Summary Disposition pursuant to MCR 2.116(C)(10) and enter an Order dismissing Plaintiff's case with prejudice. Moreover, Defendant

[2] MCL 500.3113a(4) is formerly MCL 500.3113a(2).

is entitled to reasonable costs and attorney fees incurred in having to defend this action under MCR 2.114(D), (E), and (F).

Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: November 12, 2020

By: /s/ Rita Arabo
Rita Arabo (P75183)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290

BRIEF IN SUPPORT

Introduction and Statement of Facts

On October 22, 2020, Plaintiff Charles Williamson's personal representatives of his estate ("Plaintiff") filed this Complaint seeking no-fault benefits from AAA of Michigan ("Defendant") for injuries allegedly arising out an October 30, 2018 motor vehicle accident. In its Answers to Defendant's Interrogatories, Plaintiff claimed reimbursement of attendant care and replacement services that were allegedly performed after Plaintiff passed away. (**Exhibit A**). In its Answers to Defendant's Interrogatories, Plaintiff indicated that he is making a claim for replacement services and attendant care and to see attached documents. *Id.* The replacement services and attendant care calendars attached to Plaintiff's Interrogatory Answers indicate Plaintiff received these services in November and December, 2019. Unfortunately, Plaintiff passed away on October 23, 2019. (**Exhibit B**). Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories indicating that she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**). Therefore, Plaintiff has misrepresented information

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in support of its claim for No-Fault benefits and is ineligible for benefits.

Standard of Review

A motion under MCR 2.116(C)(10) tests the factual sufficiency of the Complaint. In evaluating a motion brought under MCR 2.116(C)(10), a court considers pleadings, depositions, admissions and documentary evidence filed in the action or submitted in a light most favorable to the non-moving party. *Maiden v Rozwood*, 461 Mich 109 (1999). A trial court may grant the motion brought under MCR 2.116(C)(10) if there is no genuine issue with respect to any material facts, and the moving party is entitled to judgment as a matter of law. *Smith v Globe Life Ins Co*, 460 Mich 446 (1999). However, "[a] litigant's mere pledge to establish an issue of fact at trial cannot survive summary disposition under MCR 2.116(C)(10)." *Maiden*, 461 Mich at 121. The reviewing court should evaluate the motion by "considering the substantively admissible evidence actually proffered in opposition to the motion." *Id.* However, a mere promise to provide evidence to support a claim is insufficient. *Id.*

Argument

I. Plaintiff Made Material Misrepresentations In Support of His Claim for No-Fault Benefits, and As Such, Committed a Fraudulent Insurance Act Pursuant to MCL 500.3173a(4) and is Ineligible for Benefits

Defendant moves for summary disposition pursuant to the application of MCL 500.3173a(4), previously MCL 500.3173a(2), which states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan automobile insurance placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to the penalties imposed under section 4511. ***A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.*** [emphasis added].

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The Legislature has defined a fraudulent insurance act in MCL 500.4503, which states in pertinent parts:

> A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive . . .
>
> (c) Presents or causes to be presented to or by any insurer, any oral or written statement including computer-generated information as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false information concerning any fact or thing material to the claim.

Michigan Legislature has expressly stated in MCL 500.3173a that anyone who violates MCL 500.4503 is ineligible for benefits from an assigned claims insurer or the MACP. Plaintiff signed on his Application for Benefits the below fraud warning statements, acknowledging the risk he faced for committing fraudulent insurance acts:

Please note, if the top two boxes below are not acknowledged and the application is not signed and dated, the application will be considered incomplete and will be returned to the injured person or the preparer for further completion.

X I have reviewed the application in its entirety and attest that the information contained therein is true and accurate. If I am a medical provider and am submitting this application on behalf of the injured person, I attest that I have knowledge of the information provided, have thoroughly investigated and verified all documented information and have knowledge that all the information documented is true and accurate.

X I acknowledge I have read the following fraud warning:

FRAUD WARNING

A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan Automobile Insurance Placement Facility for payment or any other benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 of the insurance code that is subject to the penalties imposed under section 4511. A claim that contains or is **supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the Assigned Claims Plan.**

X I understand that if benefits are paid to me or for my benefit, the owner of the insured, uninsured vehicle will be financially responsible for reimbursement of all no fault benefits paid and costs associated with this claim pursuant to the Michigan No Fault Act.

X If I provided an email address, I understand that future correspondence and information regarding this claim may be exchanged via the email contact provided.

Signature of Injured Person or Representative	Printed Name of Injured Person or Representative	Date:
X Charles Williamson	X Charles Williamson	12/14/2018
Signature of Preparer (if different than above)	Printed Name of Preparer (if different than above)	Date:
X Kimberly Taylor	X Kimberly Taylor	12/14/2018

Who prepared this application? ☐ Injured Person ☐ Attorney ☒ Third Party Biller
☐ Parent ☐ Legal Guardian

Preparer Name and Company: The Lakeland Center

Address: 21400 Franklin Road

City: Southfield State: MI Zip Code: 48033

Phone Number: 248-350-8870

If the preparer is a medical provider: Do you have an assignment of benefits?
☒ Yes ☐ No If Yes, please attach.

Michigan Assigned Claims Plan
c/o Michigan Automobile Insurance Placement Facility
PO Box 582318
Livonia, MI 48155-2318
www.michacp.org Phone: 734-464-8111
Email: info@michacp.org
Fax: 734 744-8552

(**Exhibit C**- Application for Benefits).

a. The Information in Plaintiff's Attendant Care Claim Is Material to His

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Claim for No-Fault Benefits

"A statement is material if it is reasonably relevant to the insurer's investigation of a claim." *Mina v Gen Star Indem Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) (rev'd in part on other grounds). "[F]acts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested" are material to a claim for benefits. *McCune v Allstate Ins Co*, 2019 WL 137150. (**Exhibit C**). "An individual analysis based on the facts of each case is required, and where there is a question of fact as to any of the elements, summary disposition is improper." *Pitts v Doe*, 2018 WL 4002049, citing *Shelton v Auto-Owners Co*, 318 Mich App 648, 656, 659-660; 899 NW2d 744 (2017).

In this case, there is no question of fact whether Plaintiff's attendant care and replacement services claims are material to his claim for No-Fault benefits. These are services Plaintiff alleged he required as a result of his alleged injuries related to the alleged at-issue accident.

b. Plaintiff Knowingly Presented Materially False Information to the MAIPF and Defendant

This Honorable Court considered the fraud provision of MCL 500.3173a(2) in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) where it held that because the plaintiff knowingly made false and material statements in his replacement services calendars that were used to support a claim submitted to the MAIPF and its servicing insurer, a fraudulent insurance act was committed and the plaintiff was precluded from recovering ***any*** No-Fault benefits. *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017).

The plaintiff in *Candler* was struck by a hit-and-run driver. *Id*. at 775. The plaintiff was uninsured at the time of the accident and the identity of the driver was unknown. *Id*. Therefore, the

plaintiff made a claim with the MAIPF that was assigned to Farm Bureau, who eventually paid over $150,000 in No-Fault benefits. *Id*. at 776. The plaintiff submitted claims for replacement services in the form of service calendars for August, September, and October of 2015. *Id*. The calendars included the signature of the plaintiff's brother and alleged that he provided replacement services to the plaintiff during those months. *Id*. However, during the course of discovery, it was uncovered that the plaintiff did not receive replacement services from the alleged provider for several of the months that were submitted for payment. *Id*. In turn, Farm Bureau filed a motion for summary disposition arguing that the plaintiff's false statement precluded his recovery of any No-Fault benefits pursuant to MCL 500.3173a(2), which was denied at the trial level and reversed by this Honorable Court. *Id*.

On appeal, Farm Bureau argued that MCL 500.3173a(2) plainly indicates that the plaintiff was ineligible to receive ***any*** No-Fault benefits as a result of the forged signatures and false representation that services were performed by the provider. *Id*. at 778. This Honorable Court agreed with Farm Bureau and noted that, in order to qualify as part of a fraudulent insurance act, "***the false statement merely must have been presented 'as part of or in support of a claim for payment or another benefit."*** *Id*. at 784. As such, a person commits a fraudulent insurance act under the statute when the claimant (1) presents or causes to be presented an oral or written statement; (2) which is part of or in support of the claim for No-Fault benefits; (3) where the claim was submitted to the MAIPF; and (4) the person knows that the statement contained false information; and (5) the statement must have concerned a fact or thing material to the claim. *Id*. at 779-80.

This Honorable Court applied the interpretation of MCL 500.3173a(2) and held that there was no genuine issue of material fact that a fraudulent insurance act was committed when the

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calendars were submitted. The opinion also stated that although the claim was essentially assigned to Farm Bureau it was nonetheless being processed through the MAIPF. *Id*. at 781. This Honorable Court held that *"**[n]o reasonable jury could conclude that plaintiff . . . was not aware that he was submitting false information that was material to his claim for No-Fault benefits.***" *Id*. at 781-82 (emphasis added). Therefore, this Honorable Court concluded that Farm Bureau's Motion for Summary Disposition should have been granted as plaintiff was ineligible to recover ***any*** No-Fault benefits through the MAIPF or its servicing insurer pursuant to MCL 500.3173a(2).

An unpublished *per curiam* opinion in *Farrell v Farm Bureau Insurance*, No. 335979, 2017 WL 5759800, (Mich Ct App, November 28, 2017) held a plaintiff completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(2). (**Exhibit F**). In *Farrell*, the Court of Appeals held that the "***plaintiff's subsequent statements in support of that claim were false and clearly aimed at concealing the fact he was terminated***." This Honorable Court stated that it was clear that the plaintiff made a material misrepresentation regarding his wage loss claim the plaintiff clearly had knowledge that he was terminated at the time of his deposition testimony and further made misrepresentations in his answers to interrogatories to conceal the fact that he was terminated. This Honorable Court completely barred the plaintiff's recovery of any No-Fault benefits pursuant to MCL 500.3173a(2).

Farrell also clarified that the correct standard for analyzing fraud in an assigned claims lawsuit is MCL 500.3173a(2) – which **does not contain an intent element** – and not *Bahri v IDS Property Cas Ins*, 308 Mich App 420; 864 NW2d 609 (2014), the fraud standard under a *policy* lawsuit, which *does* contain an intent element. *Farrell* held that the trial court had erred in ruling that *Bahri* was applicable. This Honorable Court held that *Bahri* was distinguishable from the facts in *Farrell* as the former dealt with the application of a fraud exclusion provision in a No-Fault

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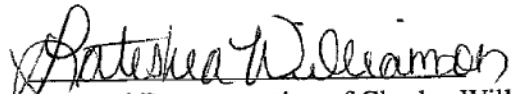
insurance policy. Conversely, the issue in *Farrell* was whether the plaintiff was entitled to recover No-Fault benefits through the MAIPF in light of the fraud provision of MCL 500.3173a(2). In short, this Honorable Court found that trial court had no business applying the fraud standard at play in *Bahri*, a policy lawsuit, to the facts of *Farrell*, an assigned claims lawsuit. This Honorable Court identified and analyzed the language of the fraud provision of MCL 500.3173a(2), the proper standard, and held that *a claimant who submits knowingly false information to the MAIPF in support of a claim for No-Fault benefits is entirely barred from recovery.*

Additionally the Court held that given the two fraud warnings the plaintiff acknowledged on his Application for Benefits, the plaintiff could not claim that he did not read the document and cannot claim ignorance as to the content of the application. The Court reasoned that "Michigan law presumes that one who signs a written agreement knows the nature of the instrument so executed and understands its contents." Galea v FCA US LLC, 323 Mich App 360, 369; 917 NW2d 694 (2018).

In this case, Plaintiff's representative of his estate signed its Answers to Defendant's Interrogatories indicating she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id.

She also signed the Application for Benefits indicated she acknowledged the two fraud warnings. There are no questions of fact whether Latshea Williamson knew Plaintiff was deceased when she

signed the Discovery Responses and Application for Benefits. Thus, Plaintiff knowingly submitted misrepresentations in support of its claim for No-Fault benefits to Defendant. Application of the facts of Plaintiff's misrepresentations to the MAIPF and Defendant demonstrate unequivocally that his estate is barred from receiving No-Fault benefits through an assigned servicing insurer of the MAIPF pursuant to MCL 500.3173a(2).

Conclusion

Plaintiff's Estate made misrepresentations in support of his claim for No-Fault benefits, which renders it in violation of MCL 500.3173a2 and bars it from collecting No-Fault benefits. No genuine issues of material fact exist—Plaintiff was deceased when his estate submitted the Application for Benefits and Answers to Defendant's Interrogatories and the estate knew this fact. Despite this, Plaintiff provided replacement services and attendant care calendars after Plaintiff was deceased.

WHEREFORE, Defendant, AAA of Michigan, respectfully requests that this Honorable Court grant Defendant's Motion for Summary Disposition pursuant to MCR 2.116(C)(10) and enter an Order dismissing Plaintiff's case with prejudice. Moreover, Defendant is entitled to reasonable costs and attorney fees incurred in having to defend this action under MCR 2.114(D), (E), and (F).

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Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: November 12, 2020

By: /s/ Rita Arabo
Rita Arabo (P75183)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290

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EXHIBIT A

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;

b. Your present address and state of residency;

c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;

d. Your date and place of birth;

e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

a. The total period of disability for which you claim these benefits, e.g., 1/1/90 to 2/1/90;
b. The total amount of wage loss no-fault benefits you claim to the date that you answer these Interrogatories;
c. On what daily, weekly, or monthly wage loss rate is your claim based.

ANSWER:

Allowable Expenses

26. Please state whether or not you have suffered any additional financial losses as a result of the incident complained of, other than those covered by the preceding Interrogatories; if so, please state the following:

a. The nature and the amount of such losses;
b. The date(s) thereof;
c. The names and addresses of any person(s) to whom any money so claimed as additional loss is paid or owing.

ANSWER:

27. Do you claim allowable medical expense no-fault benefits pursuant to MCL §500.3107(a) in this lawsuit?

ANSWER:

28. If your answer to Interrogatory 27 is yes, please provide the following information as to each doctor, hospital or person who has rendered medical services to you and list separately each medical expense claimed:

a. The name of the doctor, hospital or person rendering the medical service;
b. The total amount of medical expense benefits claimed for each doctor, hospital, etc.;
c. Dates of treatment;

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

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a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

All records listed in answer to 54 plus the claim file and deposition transcript.

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

58. If you claim attendant care services pursuant to MCL §500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached

59. If you claim attendant care services pursuant to MCL §500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

$14.00

60. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;

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c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

See attached

61. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Hours performed times $14.00 an hour

62. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she claims in the case at bar.

ANSWER:

Pursuant to the doctor's orders

63. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

See answer to number 54

64. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached forms

65. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

Asked and answered.

66. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;
c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

Asked and answered.

67. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Asked and answered.

68. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she

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claims in the case at bar.

ANSWER:

Asked and answered.

69. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

Asked and answered.

Public Media

70. Please provide:

a. Your current email address;
b. Any and all former email addresses you have used for the past 3 years;
c. Any and all websites you maintain and/or domain names registered to you.

ANSWER:

unknown

71. Do you participate in any social or professional networking, blogging or Journaling website? Examples include but are not limited to: Face book, MySpace, LinkedIn, Webkinz, Classmates.com, Twitter, Friendster, and Blogger.com.

ANSWER:

no

72. If your answer to the previous interrogatory is yes, please provide a complete list of the website you use, and also provide:

a. Any and all names, user ID's, user names or email address for social and/or

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professional networking sites or blogs;

b. Please state which user name corresponds to which website;

c. How long you have used said website and/or blog;

d. The last date you logged into and/or updated said website;

ANSWER:

none

73. Please identify the owner of the vehicle you occupied at the time of the accident by name, address, phone number and relationship to you, if any.

a. Pursuant to MCR 2.310, please attach copies of each and every document or thing which supports your identification of the owner.

ANSWER:

See police report

74. Please provide the cell phone number and provider for your mobile communication equipment which was in effect on the date of the accident, and 30 days after the accident date.

ANSWER:
313-808-8611
Metro PCS

Medicaid/Medicare

75. Does Plaintiff qualify for Medicare/Medicaid benefits?

ANSWER:

yes

76. If so, has Plaintiff received Medicare/Medicaid benefits at any time since the incident at issue in this case? If yes, then state:

a. When Plaintiff and/or Medicare/Medicaid recipient first began to receive Medicare/Medicaid benefits;

b. Is there a lien for the benefits received on Plaintiff and/or Medicare/Medicaid recipient's claim in this case;

c. Has this lawsuit been reported to the COBC;

d. Have you requested and/or received a Conditional Payment Letter?

   i. If a Conditional Payment Letter has been received, attach a copy of the letter to these Interrogatories pursuant to MCR 2.310.

   ii. What is the last treatment date for the claims included within the Conditional Payment Letter?

   iii. Are any charges included within the Conditional Payment Letter/Lien disputed? If so, please state:

      1. The amount of the disputed claims.
      2. The date of the disputed claims.
      3. The name and contact information for the treater whose claim is disputed.
      4. State with specificity, the reason that the claim is being disputed by Plaintiff and/or Medicare/Medicaid recipient;
      5. Whether any decision has been issued by Medicare/Medicaid regarding the disputed claim.

e. Has Plaintiff and/or Medicare/Medicaid recipient had any treatment since the Conditional Payment Letter was issued? If so, state:

   i. The date of said treatment;

   ii. Where this treatment was provided;

   iii. The name and contact information of the person and/or entity providing said treatment;

   iv. State with specificity, the nature of the treatment provided;

   v. Were there any costs associated with said treatment? If so, state:

      1. The total cost of said treatment;
      2. Who paid for the cost of this treatment;
      3. Attach a copy of the bills for said treatment pursuant to MCR 2.310.

ANSWER:

Asked and answered.

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77. For the purposes of allowing Defendant to provide notice to CMMS, state:

a. Plaintiff and/or Medicare/Medicaid recipient's social security number;
b. Plaintiff and/or Medicare/Medicaid recipient's HICN Number;
c. Plaintiff and/or Medicare/Medicaid recipient's full name;
d. Whether Plaintiff and/or Medicare/Medicaid recipient's ever sought Medicare/Medicaid benefits under any other name. If so, please state each name under which benefits were sought and/or received;
e. Plaintiff and/or Medicare/Medicaid recipient's date of birth;
f. The date of the alleged incident giving rise to this Complaint;
g. The alleged cause of injury, accident or illness;
h. ICD-9 Diagnosis Code numbers (1) through (19), if applicable;
i. Plaintiff and/or Medicare/Medicaid recipient's attorney's law firm tax ID number.

ANSWER:
Asked and answered.

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78. Does the Plaintiff agree to voluntarily supplement Plaintiff's Answers to these Interrogatories as Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company become aware that the answers to each question set forth above either changes or if additional information is obtained by Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company.

ANSWER:

yes

STATE OF MICHIGAN)
)
COUNTY OF Oakland)

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.

Personal Representative of Charles Williamson

Subscribed and sworn to before me
this ____ day of _____, 2019.

_____
Notary Public

County of
State of Michigan
My commission expires:

Date: February 10, 2020

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4/10457 6/ Date of Loss: 10/13/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/A.M care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2018

Date 1 Hours:	Date 2 Hours:	Date 3 Hours:	Date 4 Hours:	Date 5 Hours:	Date 6 Hours:	Date 7 Hours:
Date 8 Hours:	Date 9 Hours:	Date 10 Hours:	Date 11 Hours:	Date 12 Hours:	Date 13 Hours:	Date 14 Hours:
Date 15 Hours:	Date 16 Hours:	Date 17 Hours:	Date 18 Hours:	Date 19 Hours:	Date 20 Hours:	Date 21 Hours:
Date 22 Hours:	Date 23 Hours:	Date 24 B, E, I Hours: 16	Date 25 B E I Hours: 16	Date 26 B E I Hours: 16	Date 27 B E I Hours: 16	Date 28 B E I Hours: 16
Date 29 B E I Hours: 16	Date 30 B E I Hours: 16	Date 31 B E I Hours: 16		—		

Signature: [signature] Date: 12/31/18

Total Hours: 128

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: January Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 1/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: February Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 Hours:	Date 30 Hours:	Date 31 Hours:				

Signature: [signature] Date: 2/28/19

Total Hours: 448

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: March Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 3/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 40104S161 Date of Loss: 10/31/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: April Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 4/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: May Year: 2019

Date 1 BEI Hours: 16	Date 2 BEI Hours: 16	Date 3 BEI Hours: 16	Date 4 BEI Hours: 16	Date 5 BEI Hours: 16	Date 6 BEI Hours: 16	Date 7 BEI Hours: 16
Date 8 BEI Hours: 16	Date 9 BEI Hours: 16	Date 10 BEI Hours: 16	Date 11 BEI Hours: 16	Date 12 BEI Hours: 16	Date 13 BEI Hours: 16	Date 14 BEI Hours: 16
Date 15 BEI Hours: 16	Date 16 BEI Hours: 16	Date 17 BEI Hours: 16	Date 18 BEI Hours: 16	Date 19 BEI Hours: 16	Date 20 BEI Hours: 16	Date 21 BEI Hours: 16
Date 22 BEI Hours: 16	Date 23 BEI Hours: 16	Date 24 BEI Hours: 16	Date 25 BEI Hours: 16	Date 26 BEI Hours: 16	Date 27 BEI Hours: 16	Date 28 BEI Hours: 16
Date 29 BEI Hours: 16	Date 30 BEI Hours: 16	Date 31 BEI Hours: 16				

Signature: [signature] Date: 5/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: June Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 6/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: July Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 7/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: August Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 8/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: September Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 9/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: October Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 10/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: November Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: Lirrice Brown Date: 11/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (_____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 12/31/19

Total Hours: 496

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401045101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lince Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

1/31/24
DATE

Lince D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401015101

2) The following household/replacement services have been provided for: Chanel Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

2/28/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4W104551601

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

3/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

4/21/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010ft5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Janice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

5/21/19
DATE

X Janice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010FB1101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

6/30/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

7/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4000451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

8/31/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401024516 01

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Livrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

9/20/19
DATE

X Livrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010F5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

10/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010H5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

11/20/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401045101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

12/31/19
DATE

Lirrice D Brown
SIGNATURE OF CARE GIVER

EXHIBIT B

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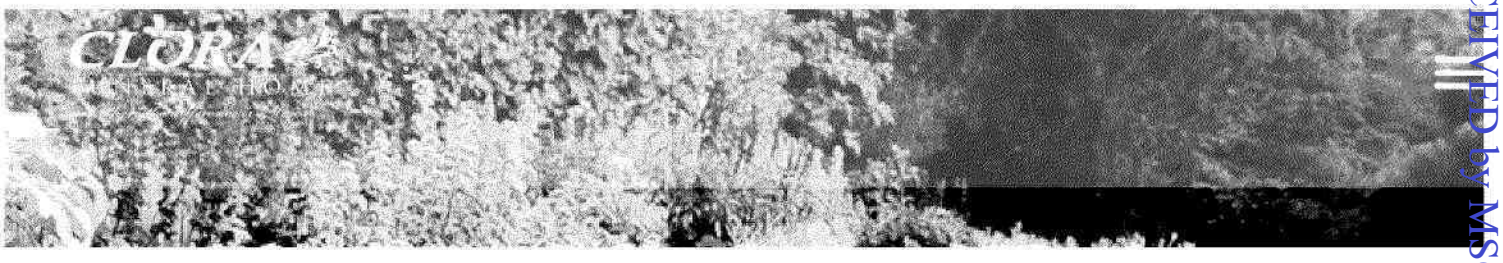
Detroit East: (313) 368-0100 River Rouge: (313) 843-0100 Detroit West: (313) 914-3334





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MR. CHARLES WILLIAMSON

January 22, 1959 - October 23, 2019

Login

PRINT

The family of MR. CHARLES WILLIAMSON created this Life Tributes page to make it easy to share your memories.

Obituary & Service
No obituary.
View More

Share a Memory Below
A comforting word from you means a lot.
Share a Memory

Flowers & Gifts
Send flowers to the WILLIAMSON's family.
Send Flowers

Tribute Wall | Photos & Videos | **Family Dates** | + More

Birthdays

CHARLES WILLIAMSON	Jan 22, 1959 - Oct 23, 2019	60 years

Anniversaries

No anniversaries yet.
You can contribute with this family by adding members and growing this family tree.

EXHIBIT C

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2019 WL 137150
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UNPUBLISHED OPINION. CHECK COURT RULES BEFORE CITING.

UNPUBLISHED
Court of Appeals of Michigan.

Emmanuel MCCUNE, Jr., Plaintiff-Appellant,
and
Northland Radiology, Inc., Excellent Pain Consultants, Inc., and Evoke Medical Services, Inc., Intervening Plaintiffs,
v.
ALLSTATE INSURANCE COMPANY, Defendant-Appellee.

No. 340476
|
January 8, 2019

Wayne Circuit Court, LC No. 16-006823-NF

Before: Murray, C.J., and Shapiro and Riordan, JJ.

Opinion

Per Curiam.

***1** In this action for personal protection insurance (PIP) benefits under the no-fault act, MCL 500.3101 *et seq.*, plaintiff[1] appeals as of right the trial court's orders granting defendant's motion for summary disposition, and denying his motion for reconsideration. We affirm.

I. FACTS AND PROCEDURAL HISTORY

On November 4, 2015,[2] plaintiff was hit by a vehicle while riding his bicycle. As plaintiff had no automobile insurance and could not identify the driver of the vehicle, he filed an application for PIP benefits with the Michigan Automobile Insurance Placement Facility (MAIPF) on November 30, 2015, and his claim was assigned to defendant through the Michigan Assigned Claims Plan (MACP). When defendant refused to pay the benefits requested, plaintiff filed the instant action on May 31, 2016, claiming that he suffered bodily injury in the November 2015 accident and was entitled to payment for all necessary medical and hospital expenses.

Defendant subsequently moved for summary disposition of plaintiff's complaint pursuant to MCR 2.116(C)(10), asserting that plaintiff was ineligible for benefits under MCL 500.3173a, the no-fault provision that governs claims made to the MAIPF, because he committed multiple fraudulent insurance acts in support of his claim. In response, plaintiff argued that to be successful on its motion for summary disposition, defendant had to demonstrate both knowledge and an intent to defraud, which it failed to do. Specifically, he asserted that the inconsistencies alleged were minor and immaterial to his claim for benefits, and that defendant did not detrimentally rely on the inconsistent statements. Ultimately, the trial court granted defendant's motion for summary disposition and dismissed plaintiff's complaint, determining that he committed multiple fraudulent insurance acts contrary to MCL 500.3173a(2) because it was undisputed that: (1) he failed to disclose preexisting injuries from a prior bus accident in his application for benefits, (2) his description of the November 2015 accident to his doctor and at his deposition did not comport with the EMS and traffic crash reports, or the testimony of his caretaker, (3) Facebook posts contradicted the disabilities he allegedly faced as a result of the injuries sustained in the accident, and (4) he provided an incorrect home address at his deposition. Plaintiff then filed a motion for reconsideration, which the trial court also denied.

II. ANALYSIS

"We review a trial court's decision on a motion for summary disposition under MCR 2.116(C)(10) de novo." *Candler v. Farm Bureau Mut Ins. Co. of Mich.*, 321 Mich. App. 772, 777; 910 N.W.2d 666 (2017). A motion under MCR 2.116(C)(10) tests the factual sufficiency of a complaint. *Id.* "In evaluating a motion for summary disposition brought under this subsection, a trial court considers affidavits, pleadings, depositions, and admissions, and other evidence submitted by the parties in the light most favorable to the party opposing the motion." *Id.* (quotation marks and citations omitted). " 'The moving party has the initial burden of supporting its position with documentary evidence, but once the moving party meets its burden, the burden shifts to the nonmoving party to establish that a genuine issue of disputed fact exists.' " *McNeill-Marks v. MidMichigan Med. Ctr.-Gratiot*,

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316 Mich. App. 1, 15; 891 N.W.2d 528 (2016) (citation omitted); see also MCR 2.116(G)(4). "A genuine issue of material fact exists when, viewing the evidence in a light most favorable to the nonmoving party, the record which might be developed ... would leave open an issue upon which reasonable minds might differ." *Bonner v. City of Brighton*, 495 Mich. 209, 220; 848 N.W.2d 380 (2014) (quotation marks and citation omitted). Questions of statutory interpretation are also reviewed de novo. *Candler*, 321 Mich. App. at 777.

***2** We hold that the trial court did not err when it granted defendant's motion for summary disposition. From the evidence presented, no reasonable jury could conclude that the inaccurate and inconsistent statements plaintiff made in support of his claim for benefits amounted to anything other than fraudulent insurance acts under MCL 500.3173a(2).[3]

MCL 500.3173a provides:

> (1) The [MAIPF] shall make an initial determination of a claimant's eligibility for benefits under the assigned claims plan and shall deny an obviously ineligible claim. The claimant shall be notified promptly in writing of the denial and the reasons for the denial.
>
> (2) A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the [MAIPF] for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under [MCL 500.4503] that is subject to the penalties imposed under [MCL 500.4511]. A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.

Although the plain language of MCL 500.3173a contains no element of intent, plaintiff cites the statute's reference to MCL 500.4503, as well as the elements of fraud as set forth in *Foreman v. Foreman*, 266 Mich. App. 132, 141; 701 N.W.2d 167 (2005),[4] to argue that defendant had to demonstrate both knowledge and an intent to defraud for his claim of benefits to be ineligible under MCL 500.3173a(2). MCL 500.4503 lists acts which, if performed with knowledge and the intent to defraud, constitute fraudulent insurance acts.[5] However, this element of intent is not incorporated into MCL 500.3173a simply by virtue of the statute's reference to MCL 500.4503. Rather, MCL 500.3173a(2) only references MCL 500.4503 to indicate that an individual may also commit a fraudulent insurance act if he or she fulfills the requirements stated, i.e., presents a statement in support of a claim to the MAIPF knowing the statement contains false information material to the claim. The plain language of MCL 500.4503 supports this conclusion, as it explicitly states that "[a] fraudulent insurance act includes, but is not limited to" those acts mentioned in the statute. Additionally, the elements of fraud as set forth in *Foreman*, 266 Mich. App. at 141, are inapplicable here. That case involved fraudulent misrepresentation in a divorce action, *id.* at 134, not a fraudulent insurance act under MCL 500.3173a(2).

***3** Indeed, this Court recently clarified that a person commits a fraudulent insurance act under MCL 500.3173a(2)

> when (1) the person presents or causes to be presented an oral or written statement, (2) the statement is part of or in support of a claim for no-fault benefits, and (3) the claim for benefits was submitted to the MAIPF. Further, (4) the person must have known that the statement contained false information, and (5) the statement concerned a fact or thing material to the claim. [*Candler*, 321 Mich. App. at 779-780.]

Additionally, "MCL 500.3173a(2) does not require that any particular recipient have received the false statement in order for the act to qualify as a fraudulent insurance act, as long as the statement was used 'as part of or in support of a claim to the [MAIPF].' " *Id.* at 780 (alteration in original).

The evidence defendant presented with its motion for summary disposition demonstrates that plaintiff made multiple statements that he knew contained false information in support of his claim for PIP benefits. First, plaintiff knowingly misrepresented the circumstances of the November 2015 accident itself. At his deposition, plaintiff testified that he never saw the vehicle involved, lost consciousness when struck, and remained on the ground until the ambulance arrived at the scene.[6] Similarly, according to the consultation notes of the doctor from whom plaintiff sought treatment after the accident, plaintiff indicated that he lost consciousness and awoke in the hospital. Yet the EMS and State of Michigan traffic crash reports, as well as the testimony of William Thomas, plaintiff's supposed caregiver, directly contradict plaintiff's statements. The EMS report, for example, states that plaintiff walked home following the accident and dialed 911 from his residence, while the traffic crash report provides that plaintiff walked home from the accident where he was met by medics, and was able to

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describe the vehicle that struck him. Further, Thomas testified at his deposition that he lived with plaintiff in November 2015, and that on the day of the accident, he was sitting on the porch when plaintiff came down the street limping. It was Thomas's stepdaughter that dialed 911.

Plaintiff asserts that he just could not remember where EMS picked him up and, thus, "the Trial Court erred in simply concluding that this was evidence that [he] was being dishonest instead of recognizing that there was a question of fact." But on the basis of the evidence described above, no reasonable jury could conclude that plaintiff was simply mistaken regarding his actions after the accident. He clearly stated, to his doctor and at his deposition, that he was knocked unconscious and unable to walk home after the accident, when the reports and witness testimony indicate the opposite. Nor do we find merit in plaintiff's argument that the EMS pick-up location is immaterial to his claim for benefits. His false statements relate not just to the location of the ambulance, but to the severity of the accident and the injuries he suffered as a result, facts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested. See *Bahri v. IDS Prop. Cas. Ins. Co.*, 308 Mich. App. 420, 425; 864 N.W.2d 609 (2014) ("A statement is material if it is reasonably relevant to the insurer's investigation of a claim.") (quotation marks and citation omitted).[7]

***4** Similarly, plaintiff knowingly omitted information regarding preexisting injuries in his application for benefits, which may have impeded defendant's investigation of plaintiff's claim. In plaintiff's application for benefits to the MACP, he checked the box "Not Applicable" in response to the question "Had you sought treatment for any prior conditions before this accident?" However, at his deposition, plaintiff acknowledged injuring his back and right leg in March 2014, when a bus he was riding on "smacked into" something.

Plaintiff argues that the failure to acknowledge his injuries from the March 2014 bus accident in his application for benefits was a simple mistake, but the evidence presented overwhelmingly supported the trial court's finding that he knowingly excluded this information. Medical records from 2014 attached to defendant's motion for summary disposition show that plaintiff sought substantial treatment for these injuries. And plaintiff filed for Social Security Disability as a result of his injuries.[8] Thus, the evidence demonstrates that the prior accident greatly impacted plaintiff's life, and no reasonable jury could conclude that it was mistakenly excluded from his application for benefits. Moreover, the information was material to plaintiff's claim for benefits, especially considering that he suffered back injuries in both accidents.

Plaintiff's argument that defendant could not have detrimentally relied on his inaccurate statement in the application for benefits because he disclosed the 2014 accident throughout discovery, also fails. MCL 500.3173a(2) does not require that an insurance provider detrimentally rely on a claimant's false statements. See *Candler*, 321 Mich. App. at 779-780.

Because we have concluded that plaintiff's misrepresentations regarding the circumstances of the accident and his preexisting injuries constitute fraudulent insurance acts, and no reasonable jury could conclude otherwise, we need not address the trial court's conclusions with regard to plaintiff's address or the disabilities he allegedly suffered as a result of the November 2015 accident. Plaintiff is ineligible for benefits under MCL 500.3173a, and the trial court properly granted summary disposition. Affirmed.

Shapiro, J. (concurring).

I concur in the result because the evidence leaves no doubt that plaintiff did not inform defendant of his 2014 auto accident and injuries resulting from it. Given that he was engaged in litigation regarding the 2014 accident at the time he made the instant claim and has not proffered *any* reason for the failure to disclose it, I conclude that a reasonable jury would have to find that plaintiff made an intentional misrepresentation. In other words, there is unrebutted evidence that plaintiff knowingly, i.e., intentionally, failed to provide requested information of his prior accident and the corresponding injuries.

I disagree, however, with several aspects of the majority opinion. The majority largely focuses on differences between plaintiff's deposition testimony and the crash and EMS reports. Specifically, there was a discrepancy between the testimony and the reports as to where the ambulance picked plaintiff up. Yet this is of little, if any, material consequence and there is no evidence that plaintiff's statement was made with intent to defraud rather than due to confusion or lack of memory following a traumatic event. The same can be said about the other inconsistences pertaining to details of the accident. The purpose of the statute excluding coverage when there is fraud is to prevent and punish real fraud, not

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to create a "gotcha" situation by which an insurer can avoid coverage simply by producing some evidence of a possible misstatement by a claimant who had no fraudulent intent; it certainly was not intended to allow insurers to monitor every action and word of an insured and then to proclaim the existence of fraud where any inconsistency is found.

Nor do I find that plaintiff's social media postings demonstrate, at least beyond a question of fact, that he was engaged in any other material misrepresentations. For instance, a video shows plaintiff walking for a very few minutes, which he has never claimed he cannot do. Only plaintiff's face is visible and there is no evidence of his gait or the presence or absence of a cane or brace. And plaintiff testified that he does not always use such devices. For those reasons, the video is not evidence, let alone conclusive evidence, that plaintiff misrepresented his condition.

Defendant also points to plaintiff's statement in a social media posting that he received a raise. However, there is no information about the nature of that work, e.g., whether it was physically demanding, the hours involved, etc. More to the point, plaintiff has not made a wage-loss claim. Plaintiff also posted a photograph of some equipment with a comment that he is at "the gym." This is not conclusive evidence of anything. Plaintiff explained that the location was his physical therapy clinic and, in any event, going to a gym does not demonstrate a lack of injury.

I also disagree with the majority's view that fraudulent intent need not be shown. The requirements to prove fraud are well settled and have been applied in cases of all types for decades. See e.g., *Hi-Way Motor Co. v. Int'l. Harvester Co.*, 398 Mich. 330, 336; 247 N.W.2d 813 (1976). I see no basis to conclude that these standards should not be applied in this or any no-fault case. Further, MCL 500.3173a should be read together with MCL 500.4503 given that they relate to the same subject matter, *SBC Health Midwest, Inc. v. Kentwood*, 500 Mich. 65, 539 n 26; 894 N.W.2d 535 (2017), and that the former expressly refers to the latter, see *McCahan v. Brennan*, 492 Mich. 730, 741-742; 822 N.W.2d 747 (2012). Moreover, the terms of MCL 500.3173a require that the claimant knowingly made a false statement material to the claim. I do not see how this is distinct from the scienter requirement that has always been required to show fraud. Under the majority's view, a mere misstatement can result in denial of PIP benefits even if there is no dispute that the individual was injured in a motor-vehicle accident and received reasonably necessary care and treatment. Such a harsh interpretation of the statute clearly runs against the text and purpose of the no-fault act. See *Iqbal v. Bristol West Ins. Group*, 278 Mich. App. 31, 37; 748 N.W.2d 574 (2008) ("The purpose of the Michigan no-fault act is to broadly provide coverage for those injured in motor vehicle accidents without regard to fault.").

As alluded to above, the majority appears to suggest that even if there is a question of material fact, defendant is entitled to summary disposition because it has some evidence to support its position. The majority barely touches upon plaintiff's evidence—which includes his own testimony—and dismisses that evidence based on its view that defendant has stronger evidence. However, weighing the comparative strength of each side's evidence is plainly inconsistent with court rules. It is axiomatic that when deciding a motion for summary disposition, a court must consider the pleadings, affidavits, depositions, admissions and other documentary evidence submitted in the light most favorable to the *nonmoving* party, MCR 2.116(G)(5); *Joseph v. Auto Club Ins. Ass'n.*, 491 Mich. 200, 206; 815 N.W.2d 412 (2012), and that all reasonable inferences are to be drawn in favor of the *nonmovant*, *Dextrom v. Wexford Co.*, 287 Mich. App. 406, 415; 789 N.W.2d 211 (2010).

I agree with the majority that plaintiff's failure to disclose the 2014 accident and injuries constitutes an intentional misrepresentation. However, I would conclude that the remaining evidence presents a question of fact as to whether plaintiff committed fraud.

All Citations

Not Reported in N.W. Rptr., 2019 WL 137150

Footnotes

1 The intervening plaintiffs are not parties to this appeal. We refer to Emmanuel McCune, Jr. only as plaintiff throughout this opinion.

2 Plaintiff's application for PIP benefits lists the accident date as November 6, but his complaint as well as the EMS and State of Michigan traffic crash reports list November 4, 2015.

3 As a result, the trial court also did not abuse its discretion in denying plaintiff's motion for reconsideration.

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4 *Foreman*, 266 Mich. App. at 141 states, "To establish a claim of fraudulent misrepresentation, plaintiff was required to prove that: (1) defendant made a material representation; (2) the representation was false; (3) defendant knew, or should have known, that the representation was false when making it; (4) defendant made the representation with the intent that plaintiff rely on it; (5) and plaintiff acted on the representation, incurring damages as a result."

5 For example, MCL 500.4503(a) provides:
A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive:
(a) Presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer or any agent of an insurer, or any agent of an insurer, reinsurer, or broker any oral or written statement knowing that the statement contains any false information concerning any fact material to an application for the issuance of an insurance policy.

6 Further, when asked if EMS definitely picked him up from the scene, plaintiff said, "I think so," and when asked if he was unable to walk home after the accident, plaintiff said, "I think, yes."

7 We recognize that *Bahri* involved a claim for benefits under an insurance policy containing a fraud exclusion provision, *Bahri*, 308 Mich. App. at 423-426, and not a claim for benefits to the MAIPF under MCL 500.3173a, but see no reason why the *Bahri* Court's definition of materiality should not apply in this context.

8 Defendant also alleged in its motion for summary disposition that plaintiff was involved in a lawsuit related to the bus accident, which he denied at his deposition, but failed to attach the Register of Actions it included with its brief on appeal to the motion below. However, the trial court found that plaintiff had another lawsuit pending related to the 2014 accident, and plaintiff does not challenge this finding on appeal.

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APPENDIX J

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of CHARLES WILLIAMSON (deceased),
Plaintiffs,

vs.

Case No.: 19-014047-NF
Hon. Muriel Hughes

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,
Defendants,

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiffs
20755 Greenfield Road, Suite 1100
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855-CAR-HIT-U

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
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Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

PLAINTIFF'S RESPONSE TO DEFENDANT'S MOTION FOR SUMMARY DISPOSITION

NOW COMES THE Plaintiff, by and through her lawyer, The Law Office of Carl Collins III, and submits the following response to Defendant's motion for summary disposition:

1. Admit
2. Deny, Plaintiff, by and through their counsel produced answers in compliance with the Michigan Rules of Court and in response to Defendant's discovery request that demanded all documents within their possession and control concerning the issue of attendant care; and said forms were created before the death of CHARLES WILLIAMSON and held by

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Plaintiff's counsel, and said forms were not submitted to Defendant's claim adjuster or said insurance company. [Exhibit one]

3. Deny in part, as the Plaintiff does not indicate in its answers 30, 31, or 57 the dates of the services requested, as it is obvious from the NOTICE OF DEATH and ORDER TO AMEND CAPTION to add the Personal Representative of the Estate of Charles Williamson that all benefits ended upon his death. And said discovery production was filed after the filing of the NOTICE OF DEATH and ORDER TO AMEND CAPTION. [Exhibits two, three and four]
4. Deny, the attendant care forms were part of all forms within the possession and control the Plaintiffs, by and though their representative law, that were demanded by the Defendant through its discovery pleadings. [Exhibit one]
5. Admit.
6. Admit, and said discovery responses with the requested discovery were filed after the filing of the NOTICE OF DEATH and ORDER TO AMEND CAPTION. [Exhibit four]
7. Deny, that Plaintiff did not intentionally make a claim for damages after October 23, 2019, the death of Charles Williamson.
8. Deny, as not applicable because no attendant forms for services after October 23, 2019 were submitted to the Defendant's insurance adjuster or company – see Defendant's claim file; but only to Defendant's counsel as a production of any and all documents within its possession or control. [Exhibit 5 - pay log, Defendant has failed to produce its claim file]
9. Deny, as not applicable because no attendant forms for services after October 23, 2019 were submitted to the Defendant's insurance adjuster or company – see Defendant's

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claim file; but only to Defendant's counsel as a production of any and all documents within its possession or control. [Exhibit 5 - pay log, Defendant has failed to produce its claim file]

10. Deny in part, as not applicable; as the attendant care forms were not submitted for any purpose other that to comply with discovery.
11. Deny as not applicable. In *Candler*, the plaintiff submitted forms to the adjuster / insurance company, wherein at bar, the Plaintiff did not submit attendant care forms to the adjuster / insurance company; but produced, as requested, all documents within their possession and control.
12. Deny, as the estate only knowingly produced and did not withhold all documents within its possession and control, as full disclosure is required under the Michigan Rules of Court.
13. Deny, as Mr. Larice Brown, the care provider, testified that he did not submit forms after the date of death, nor provide attendant care after the death of Charles Williamson, and such is contrary to Defendants' assertions creating a question of fact, in addition to these responsive pleadings and its exhibits leave facts to be left for the fact finder [Exhibit 6 – pg 32, ln 21 through pg 33, ln4]

WHEREFORE Plaintiff pray that is Honorable Court deny Defendants' motion for summary disposition.

Respectfully Submitted,
by: /s/Carl L. Collins III
Carl L. Collins, III (P55982)
Attorneys for Plaintiff

Dated: December 13, 2020

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of CHARLES WILLIAMSON (deceased),
Plaintiffs,

vs.

Case No.: 19-014047-NF
Hon. Muriel Hughes

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,
Defendants,
_____/

PLAINTIFF'S BRIEF IN RESPONSE TO

DEFENDANT'S MOTION FOR SUMMARY DISPOSITION

NOW COMES THE Plaintiff, by and through her lawyer, The Law Office of Carl Collins III, and submits the following authority in response to Defendant's motion for summary disposition:

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Defendant's discovery request begins:

NOW COMES Defendants, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, by and through its attorneys, ANSELMI MIERZEJEWSKI RUTH & SOWLE P.C., and in accordance with MCR 2.309, submits the following Interrogatories to be answered in writing and under oath within 28 days.

The Answers to Interrogatories shall contain such information as is available to the Plaintiff or could be obtained by the Plaintiff from employers, agents, representatives, sureties or indemnitors. [Exhibit one]

The second paragraph to the above introductory instruction to Defendants' discovery interrogatory demands that the Plaintiffs produce all information within its possession and control by its representatives. The Plaintiffs have predated forms completed before the death of Charles Williamson and produced said forms to their attorney. Upon being served with Defendants discovery request, the Plaintiffs and their counsel were duty bound to produce said discovery. Unscrupulously, the Defendants turns its back to its own discovery request and attempts to create a baseless fiction of misrepresentation.

The Defendant have failed to support its allegations with the best evidence – the claim file. It is absent attendant forms reflecting services after October 23, 2019, the death of Charles Williamson. After the Notice of Death and the Order of Substitution of the Plaintiff, the Plaintiffs filed discovery with the good faith intention of following the instructions of the Defendants, and that was to produce all items within the possession and control – including that of its

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representatives. It was Plaintiff's counsel that was in possession of the predated attendant care forms created before October 23, 2019.

The Michigan Court of Appeals has recently address an identical issue in the case *of* Samer Bahnam, et al. vs. Farm Bureau General Insurance Company of Michigan et al, Michigan Court of Appeals, Case No. 347368 (October 15, 2020) unpublished. In *Baham*, there was deposition testimony that the defendant alleges was a misrepresentation and hence filed a motion for summary disposition. The Court reversed the trial court's order granting summary disposition employing *Haydaw v Farm Bureau Ins Co*, __ Mich App __; __ NW2d __ (2020) (Docket No. 345516) which reasoned that false statements made during discovery in the midst of litigation do not provide grounds to void an insurance policy "because, by that time, the claim has been denied and the parties are adversaries in litigation." *Id.* at ___; slip op at 5. At bar, the discovery request containing the predated attendant care forms were submitted and produced while in litigation, not prior.

The *Baham* Court also incorporated in opinion *Meemic v Fortson*, __ Mich __; __ NW2d __ (2020) (Docket No. 158302), which held, "the fraudulent activity at issue here did not relate to the inception of the contract" of insurance, and Farm Bureau "could not possibly have relied on" any of the fraudulent representations made by plaintiff in 2018 when it agreed to insure plaintiff "because, at the time, [he] had not yet made any of the alleged misrepresentations." *Id.* at __; slip op at 17-18.

Mr. Larice Brown, the care provider to Charles Williamson, testified that he did not provide attendant care after the death of Charles Williamson and there is no evidence of submission of attendant care forms subsequent to October 23, 2019. [Exhibit 6 – pg 32, ln 21 through pg 33, ln4]

The Defendant is asking this Honorable Court to leap to a finding of misrepresentation. Especially, after receiving Plaintiffs' case evaluation summary that did not include a claim for attendant care services after October 23, 2019 nor were any November or December 2019 forms included.

WHEREFORE Plaintiff pray that is Honorable Court deny Defendants' motion for summary disposition.

Respectfully Submitted,
by: /s/Carl L. Collins III
Carl L. Collins, III (P55982)
Attorneys for Plaintiff

Dated: December 13, 2020

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EXHIBIT 1

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The Law Office of Carl Collins III, PLLC

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

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mendress@a-mlaw.com

FIRST INTERROGATORIES PLAINTIFF

NOW COMES Defendants, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, by and through its attorneys, ANSELMI MIERZEJEWSKI RUTH & SOWLE P.C., and in accordance with MCR 2.309, submits the following Interrogatories to be answered in writing and under oath within 28 days.

The Answers to Interrogatories shall contain such information as is available to the Plaintiff or could be obtained by the Plaintiff from employers, agents, representatives, sureties or indemnitors.

These Interrogatories shall be deemed continuing and supplemental Answers shall be filed immediately upon receipt thereof if the Plaintiff directly or indirectly obtains further or different information from the time the Answers are served to the time of trial.

EXHIBIT 2

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The Law Office of Carl Collins III, PLLC

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

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CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;
b. Your present address and state of residency;
c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;
d. Your date and place of birth;
e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

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8. All treating physcicians and custodian of records of Ascension Providence Hospital, Southfield Campus, 16001 W Nine Mile Rd, Southfield, MI 48075, Phone: (248) 849-3000 will testify as to examination, diagnosis, prognosis, care and treatment;
9. Custodian of record of Unversal Macomb Ambulence Service, Inc., 37583 Mound Rd. Sterling Heights, MI 48310, Phone: (586) 939-4350 arriving technicians will testify as to services provided and observations upon arriving at the scene of the occurrence;
10. All treating physcian and custodian of records of Michigan Spine and Pain, 6079 West Maple Road, Suite 100B, West Bloomfield, MI 48322, Phone: (248) 851-7246, will testify as to examination, diagnosis, prognosis, care and treatment;

35. Have you, your attorney or representatives received any medical reports, written memoranda, or any written material dealing in any way with the claim for injuries and/or damages which are at issue in the lawsuit?

ANSWER:

Yes will attach, but will sign authorizations to allow Defendant to obtain records.

36. If the answer to the above Interrogatory is in the affirmative, please state the following:

a. The date of the reports, written memoranda, etc.;
b. The names and addresses of the physician, institution, facility or hospital, or any other person rendering said report or written memoranda;
c. If you will do so without a motion to produce, please attach copies of said reports, memoranda, etc. to your Answers to these Interrogatories.

ANSWER:

Yes and will attached, but will sign authorizations to allow Defendant to obtain records.

EXHIBIT 3

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

NOTICE AND STATEMENT OF DEATH

NOW COMES Defendant, AAA OF MICHIGAN, by and through its attorneys, ANSELMI, MIERZEJEWSKI, RUTH & SOWLE, P.C., and hereby files this Notice and Statement of Death that, upon information and belief, Plaintiff, CHARLES WILLIAMSON, is deceased.

Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: January 30, 2020

By: ***/s/ Michelle A. Endress***
Michelle A. Endress (P76457)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290

Document received by the MI Wayne 3rd Circuit Court.

EXHIBIT 4

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,
Plaintiff,

vs.

Case No.: 19-014047-NF
Hon. Muriel Hughes

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,
Defendants,

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

ORDER TO AMEND CAPTION

At a session of the Court,
held in the City of Detroit, County of Wayne, State of Michigan

on 1/30/2020

PRESENT HON: Muriel D. Hughes
JUDGE, CIRCUIT COURT

Upon a stipulation presented by the parties, and a notice of death submitted by counsel for CHARLES WILLIAMSON.

IT IS HEREBY ORDERED that PORSHA WILLIAMSON AND LATESHEA WILLIAMSON, PERSONAL REPRESENTATIVES OF THE ESTATE OF CHARLES WILLIAMSON, DECEASED, shall substituted as a party Plaintiff in the place of CHARLES WILLIAMSON,

855-CAR-HIT-U
The Law Office of Carl Collins III, PLLC

All prior pleadings filed in this matter shall be considered to have been amended to conform to this Order.

IT IS SO ORDERED.

HON: /s/ Muriel D. Hughes 1/30/2020
JUDGE, CIRCUIT COURT

STIPULATION BETWEEN PARTIES

It is hereby stipulated between the parties by and through their below attorneys that PORSHA WILLIAMSON AND LATESHEA WILLIAMSON, PERSONAL REPRESENTATIVES OF THE ESTATE OF CHARLES WILLIAMSON, DECEASED, shall substituted as a party Plaintiff in the place of CHARLES WILLIAMSON.

X /s/ Carl L. Collins III
Carl L. Collins III (P55982)
Attorney for Plaintiff

x /s/ Michelle A. Endress
Michelle A. Endress (P76457)
Attorney for Defendants

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EXHIBIT 5

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The Law Office of Carl Collins III, PLLC

PAYMENT LOG

Claim Number: 401045161

Date of Loss: 10/30/2018

Posting Date From: 00/00/0000 **Posting Date To:** 00/00/0000

Prepared by: Carmen Bray **Print Date:** 05/18/2020

Claimant: CHARLES WILLIAMSON

Coverage: PIP Medical

Subclaim #: 001

Pmt #	Posting Date	Check Number	Payee(s)	Remitter	Benefit Type	Loss/Expense	Payment Amount	Payment Status	Payment Category	Service Start Date	Service End Date	EOB	Invoice No.
42	05/12/2020	1930825	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 391.00	Check Issued	Disbursement	01/15/2020	01/31/2020		4-49128.25362
42	05/12/2020	1930825	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Court Costs – Legal	Expense	$ 20.60	Check Issued	Disbursement	01/15/2020	01/31/2020		4-49128.25362
41	04/29/2020	1924128	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 15.00	Check Issued	Disbursement	12/12/2019	12/12/2019		3-49128.25362
40	04/08/2020	1912483	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 354.00	Check Cashed	Disbursement	11/19/2019	11/25/2019		2-49128.25362
39	03/18/2020	1899798	CASE MANAGEMENT PROFESSIONAL CONSULTING		Case Management	Loss	$ 2040.78	Check Cashed	Disbursement	09/13/2019	10/24/2019		4245
38	03/13/2020	1896652	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 735.25	Check Cashed	Disbursement	12/20/2019	01/31/2020		49042-24730D
37	02/14/2020	1877336	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 240.00	Check Cashed	Disbursement	10/30/2019	10/31/2019		1-49128.25362
36	02/10/2020	1872980	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 75.00	Check Cashed	Disbursement	10/08/2019	10/22/2019		24334
35	01/31/2020	1867086	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 215.00	Check Cashed	Disbursement	09/27/2019	09/27/2019	5540915	401513
34	01/31/2020	1867291	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 7568.00	Check Cashed	Disbursement	08/27/2019	10/10/2019	5574397	401045161
33	01/31/2020	1867291	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 6702.00	Check Cashed	Disbursement	07/16/2019	08/21/2019	4765246	401045161
32	01/31/2020	1867086	MICHIGAN SPINE & PAIN		Outpatient Physical Therapy	Loss	$ 165.00	Check Cashed	Disbursement	08/14/2019	08/14/2019	4749195	397510
31	01/10/2020	1849818	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 60.00	Check Cashed	Disbursement	09/03/2019	09/13/2019		4-49128.24334
30	01/03/2020	1842493	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 30.00	Check Cashed	Disbursement	05/20/2019	07/31/2019		24334
29	12/20/2019	1835216	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 75.00	Check Cashed	Disbursement	09/26/2019	10/07/2019		49042-24730D

Log includes transactions within selected criteria.

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PAYMENT LOG

Claim Number: 401045161

Date of Loss: 10/30/2018

Posting Date From: 00/00/0000 **Posting Date To:** 00/00/0000

Prepared by: Carmen Bray **Print Date:** 05/18/2020

Pmt #	Posting Date	Check Number	Payee(s)	Remitter	Benefit Type	Loss/Expense	Payment Amount	Payment Status	Payment Category	Service Start Date	Service End Date	EOB	Invoice No.
28	11/13/2019	1808438	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 1229.00	Check Cashed	Disbursement	08/01/2019	08/30/2019		3-49128.24334
28	11/13/2019	1808438	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Court Costs – Legal	Expense	$ 20.00	Check Cashed	Disbursement	08/01/2019	08/30/2019		3-49128.24334
27	11/13/2019		ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 1229.00	Reversed	Disbursement	08/01/2019	08/30/2019		3-49128.24334
26	10/30/2019	1797929	LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Attendant Care – Family	Loss	$ 10177.92	Check Cashed	Disbursement	08/05/2019	09/30/2019		
26	10/30/2019	1797929	LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Statutory Interest	Loss	$ 22.89	Check Cashed	Disbursement	08/05/2019	09/30/2019		
25	10/16/2019	1788172	CASE MANAGEMENT PROFESSIONAL CONSULTING		Case Management	Loss	$ 6530.30	Check Cashed	Disbursement	04/19/2019	09/13/2019		4232
24	10/09/2019	1782336	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 691.00	Check Cashed	Disbursement	05/20/2019	07/31/2019		249128.24334
23	10/02/2019	1776991	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 45.00	Check Cashed	Disbursement	07/29/2019	07/29/2019		49042-24730D
22	09/30/2019	1774591	ARNOLD E REED AND OPEN MRI OF LIVONIA		Office Visits – Doctor	Loss	$ 3500.00	Check Cashed	Disbursement	10/30/2018	08/29/2019		
21	08/08/2019	1736178	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 5806.00	Check Cashed	Disbursement	06/11/2019	07/10/2019	4729434	401045161
20	07/12/2019	1715262	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 7230.00	Check Cashed	Disbursement	04/23/2019	06/06/2019	4701982	401045161
19	06/24/2019	1701285	ANSELMI MIERZEJEWSKI RUTH & SOWLE PC		Referral Attorney – Legal	Expense	$ 240.00	Check Cashed	Disbursement	05/06/2019	05/17/2019		1-49128.24334
18	06/17/2019	1696501	AXIOM REQUISITION COPY SERVICE		Investigation – Legal	Expense	$ 85.10	Check Cashed	Disbursement	05/06/2019	05/06/2019		601627
17	05/31/2019	1684749	CASE MANAGEMENT PROFESSIONAL CONSULTING		Case Management	Loss	$ 8764.40	Check Cashed	Disbursement	01/15/2019	04/16/2019		4213
16	05/28/2019	1681788	PHYSIOFIT REHABILITATION SERVICES PLLC		Outpatient Physical Therapy	Loss	$ 5448.00	Check Cashed	Disbursement	03/14/2019	04/18/2019	4664252	401045161
15	05/28/2019	1681559	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 50.00	Check Cashed	Disbursement	02/01/2019	02/01/2019	4621598	380260

Log includes transactions within selected criteria.

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PAYMENT LOG

Claim Number: 401045161

Date of Loss: 10/30/2018

Posting Date From: 00/00/0000 **Posting Date To:** 00/00/0000

Prepared by: Carmen Bray **Print Date:** 05/18/2020

Pmt #	Posting Date	Check Number	Payee(s)	Remitter	Benefit Type	Loss/Expense	Payment Amount	Payment Status	Payment Category	Service Start Date	Service End Date	EOB	Invoice No.
14	04/25/2019	1659675	MOBILE ANESTHESIOLOGISTS MOTOR		Office Visits – Doctor	Loss	$ 1701.48	Check Cashed	Disbursement	02/27/2019	02/27/2019	4643834	9781722A
13	04/25/2019	1659469	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 251.73	Check Cashed	Disbursement	03/25/2019	03/25/2019	4639912	384492
12	04/25/2019	1659522	FOREST PARK CLINIC		Office Visits – Doctor	Loss	$ 3562.50	Check Cashed	Disbursement	03/04/2019	03/20/2019	4638935	17486
11	04/25/2019	1659648	MICHIGAN ORTHOPAEDIC SURGEONS		Office Visits – Doctor	Loss	$ 1043.91	Check Cashed	Disbursement	03/14/2019	03/14/2019	4637292	339286V9974
10	04/25/2019	1659668	PHYSIOFIT REHABILITATION SERVICES PLLC		Office Visits – Doctor	Loss	$ 6096.00	Check Cashed	Disbursement	02/07/2019	03/08/2019	4627445	401045161
9	04/25/2019	1659469	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 1818.90	Check Cashed	Disbursement	02/27/2019	02/27/2019	4621553	38224
8	04/25/2019	1659469	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 266.73	Check Cashed	Disbursement	02/01/2019	02/01/2019	4621598	380260
7	03/26/2019	1636498	MICHIGAN SPINE & PAIN		Office Visits – Doctor	Loss	$ 201.73	Check Cashed	Disbursement	02/18/2019	02/18/2019	4621528	382357
6	03/20/2019	1632270	OPEN MRI OF LIVONIA		Office Visits – Other	Loss	$ 2600.02	Check Cashed	Disbursement	02/11/2019	02/11/2019	4614436	240429087
5	03/11/2019	1625198	M1 IMAGING		Office Visits – Other	Loss	$ 9600.00	Check Cashed	Disbursement	01/31/2019	01/31/2019	4606597	C36030P43390
4	03/08/2019	1623931	DATA SURVEYS INC		Investigation – Claim	Expense	$ 1553.00	Check Cashed	Disbursement	03/06/2019	03/06/2019		DSI226490
3	03/05/2019	1620834	EMERGENCY DEPARTMENT PHYSICI		Emergency Room	Loss	$ 1065.00	Check Cashed	Disbursement	10/31/2018	10/31/2018	4587961	74494997_20181031
2	03/01/2019	1617967	LAKELAND NEURO CARE CTR		Hospitilization	Loss	$ 39199.51	Check Cashed	Disbursement	11/07/2018	11/30/2018	4594280	12828
1	02/18/2019	1608618	LAKELAND NEURO CARE CTR		Residential Care	Loss	$ 28012.80	Check Cashed	Disbursement	12/01/2018	12/23/2018	4592024	12828

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PAYMENT LOG

Claim Number: 401045161

Date of Loss: 10/30/2018

Posting Date From: 00/00/0000 **Posting Date To:** 00/00/0000

Prepared by: Carmen Bray **Print Date:** 05/18/2020

Claimant: CHARLES WILLIAMSON

Coverage: Work Loss

Subclaim #: 002

Pmt #	Posting Date	Check Number	Payee(s)	Remitter	Benefit Type	Loss/Expense	Payment Amount	Payment Status	Payment Category	Service Start Date	Service End Date	EOB	Invoice No.
2	10/30/2019	1797929	LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Replacement Services	Loss	$ 1140.00	Check Cashed	Disbursement	08/05/2019	09/30/2019		
2	10/30/2019	1797929	LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Statutory Interest	Loss	$ 2.56	Check Cashed	Disbursement	08/05/2019	09/30/2019		
1	10/30/2019		LAW OFFICE OF CARL L COLLINS III PLC AND CHARLES WILLIAMSON		Replacement Services	Loss	$ 1140.00	Reversed	Disbursement	08/05/2019	09/30/2019		

Log includes transactions within selected criteria.

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EXHIBIT 6

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The Law Office of Carl Collins III, PLLC

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and,
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of Charles Williamson (deceased),
Plaintiff,

-vs- Civil Action
No. 19-014047-NF
Hon. Muriel Hughes

AAA OF MICHIGAN,
Defendant.
_____/

PAGE 1 TO 35

The deposition of LARRICE BROWN,
Taken Via Hanson Remote
Commencing at 2:09 p.m.,
Thursday, September 17, 2020
Before Cheryl Salowich CSR/CER 3499.

Court reporter, attorneys & witness appearing remotely.

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his pain specialists, and also the physical therapy facility and transportation as well.

Q. Okay.

A. And his caseworker.

MS. ENDRESS: All right. I don't think I have any other questions for you. I'm just going to review my notes.

Nope, I don't have anything else. Carl may have some questions for you.

MR. COLLINS: No, no follow-up questions.

MS. ENDRESS: Okay. Wonderful.

(Proceedings adjourned from 2:49 to 3:28 p.m. to take Maxine Brown's deposition)

THE WITNESS: Hello.

MR. COLLINS: Okay. Larrice?

THE WITNESS: Yes.

MR. COLLINS: Okay. I do have a few follow-up questions for you.

CROSS-EXAMINATION BY MR. COLLINS:

Q. So outside of you did anyone else help Charles after his first motor-vehicle accident?

A. No. It was just me that helped him, sir.

Q. Okay. All right. Now his accident happened in October of 2018. There were forms that were submitted that are dated in 2019 all the way through, it looks like,

August. Is it true and accurate that you performed services for Charles in the month of August 2019?

A. Yes, I believe so, sir.

Q. All right. So the summer, the following summer of 2019 you did help Charles?

A. Yes.

Q. Okay. And was Charles, if you know, a fall risk? Did he have problems with his balance after the motor-vehicle accident?

A. Yes.

Q. Okay. And did he have those continuing issues the summer of 2019?

A. Around in August?

Q. August, July, yes, of being a fall risk?

A. Yeah, he was still -- yeah, he was still a fall risk.

Q. Okay. And being such, at night were you available to help him or did you help him at night due to him being a fall risk?

A. Yes, I provided (inaudible).

Q. Okay. I'm sorry, I don't know, it was unclear on my end. Yeah, could you repeat your last answer, please?

A. Would you repeat the question? Could you repeat --

Q. Yes.

A. -- the question, please?

Q. Yes. Because Charles was a fall risk did you have to

assist him in the nighttime hours?

A. Yes, sir.

Q. Okay. And did that extend through the summer of 2019, July, August?

A. Yes, sir.

Q. I'm sorry, your answer once again? It broke up on my end.

A. I said yes.

Q. Okay.

A. All right.

Q. So am I correct that pretty much you were available for him at all times due to him being -- due to Charles being a fall risk?

A. You were breaking up.

Q. Yeah, so am I correct that you were available to Charles at all times due to him being a fall risk?

A. Yes, sir.

MR. COLLINS: Okay. All right. I have no further questions.

REDIRECT EXAMINATION BY MS. ENDRESS:

Q. I just have a few follow-ups.

If there are service forms that are dated through December 2019, would service forms for the months of November and December be incorrect?

MR. COLLINS: Or would they be correct?

A. There shouldn't be no form in November, that I know of.

Q. So if submissions were made for November and December, those would not be correct?

A. Yes, ma'am.

Q. Okay. And you mentioned that don't have any knowledge of Mr. Williamson's medical condition prior to the accident, correct?

A. Correct.

Q. So you don't know if he was possibly a fall risk before the accident, correct?

A. Correct.

MS. ENDRESS: Okay. I don't have any questions.

RECROSS-EXAMINATION BY MR. COLLINS:

Q. Okay. Mr. Larrice, do you know if after you stopped performing care for Charles, did someone else help Charles?

A. Yes. I believe his daughter Teshea Williams (sic) stepped in.

Q. Okay. All right. And if there was anyone else that helped outside of his daughter, you were not aware?

A. No, sir, I didn't have no knowledge.

MR. COLLINS: Okay. All right. That's all the questions I have.

MS. ENDRESS: Okay. Thank you for your time,

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APPENDIX K

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 4/27/2021 3:34 PM Tara Hickman

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and,
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of Charles Williamson (deceased),

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant,

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100
carlcollins3@attycarlcollins.com

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

ORDER GRANTING DEFENDANT'S MOTION FOR SUMMARY DISPOSITION

At a session of said Court, held in the
City of Detroit, County of Wayne, State of Michigan,

on 4/27/2021, 2021.

PRESENT: Muriel D. Hughes
Circuit Court Judge

This matter having come before on Defendant's Motion for Summary Disposition, briefs being submitted, oral argument being held, and the Court being more fully advised in the premises;

IT IS HEREBY ORDERED that Defendant AAA of Michigan's Motion for Summary Disposition is GRANTED for the reasons set forth on the record.

IT IS FURTHER ORDERED that Plaintiff committed a fraudulent insurance act by

knowingly presenting material misrepresentations in support of its claim for no-fault benefits, and that it is ineligible for payment or benefits pursuant to MCL 500.3173a.

IT IS SO ORDERED.

This is a final Order and does close this case.

/s/ Muriel D. Hughes 4/27/2021

Circuit Court Judge

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APPENDIX L

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STATE OF MICHIGAN

IN THE COURT OF APPEALS

PORSHA WILLIAMSON and
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of CHARLES WILLIAMSON (deceased)

Plaintiff-Appellant,

vs.

AAA OF MICHIGAN,

Defendants-Appellee.

Court of Appeals No.: 357070
Wayne County Circuit Court
Lower Court Case: 2019-014047-NF

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DEFENDANT-APPELLEE AAA OF MICHIGAN'S RESPONSE TO PLAINTIFF-APPELLANT'S BRIEF ON APPEAL

Oral Argument Requested

PROOF OF SERVICE

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STATEMENT OF JURISDICTIONAL BASIS

1. Jurisdiction over this Appeal is granted to the Michigan Court of Appeals by MCR 7.203(A)(1).

2. The Order from which the Plaintiffs-Appellants, Porsha Williamson and Lateshea Williamson, as Personal Representatives for the Estate of Charles Williamson (deceased), have claimed an appeal was an Order Granting Defendant's Motion for Summary Disposition, entered on April 27, 2021.

3. Plaintiff-Appellant filed his Claim of Appeal on May 4, 2021.

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COUNTER-STATEMENT OF QUESTIONS PRESENTED

I. Did the lower court err in finding that the predated November 2019 and December 2019 replacement service and attendant care forms submitted during discovery were material to Plaintiffs' claims for no-fault benefits?

Defendant-Appellee says "No."

Plaintiffs-Appellants say "Yes."

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INTRODUCTION

This Appeal stems from an action for first-party no-fault benefits filed by Plaintiffs-Appellants, Porsha Williamson and Lateshea Williamson, as Personal Representatives for the Estate of Charles Williamson (deceased) ("Plaintiff-Appellant"), in relation to a pedestrian/motor vehicle accident that occurred on October 30, 2018. As Mr. Williamson purported to have no automobile insurance coverage available through any other source, he appealed to the Michigan Automobile Insurance Placement Facility ("MAIPF") for benefits. His claim was thereafter assigned to Defendant-Appellee, Auto Club Insurance Association ("Defendant-Appellee" or "ACIA"). On the date of loss, Charles Williamson walked into oncoming traffic and was struck by an unidentified vehicle, causing him to sustain fractures to his right lower leg, right pubis, multiple ribs, and the anterior wall. Defendant-Appellee paid over $100,000 in no-fault benefits to/for Mr. Williamson in furtherance of his recovery. Mr. Williamson passed away on October 24, 2019, followed another pedestrian/motor vehicle accident. (*See* Plaintiff's Obituary, attached hereto as **Exhibit A).** Charles Williamson's daughters acquired Letters of Authority to proceed with this lawsuit on January 8, 2020.

During the pendency of this lawsuit in Circuit Court, Plaintiff-Appellant provided answers to Defendant-Appellee's Interrogatories, claiming reimbursement for attendant care and household replacement services that were allegedly performed after Mr. Williamson passed away. (*See* Plaintiff's Answers to Defendant's Interrogatories, attached hereto as **Exhibit B**) Plaintiff-Appellant also indicated that a claim for household replacement services and attendant care was being advanced, and cited to attached documents. *Id.* The replacement service and attendant care affidavits attached to Plaintiff-Appellant's discovery responses indicate that Plaintiff-Appellant received these services in November and December of 2019, following Mr. Williamson's death.

Plaintiff-Appellant's personal representative, Lateshea Williamson, signed the Answers to Interrogatories, and believed them to be true to the best of her knowledge. This submission constitutes a material misrepresentation in support of a claim for no-fault benefits, and renders Plaintiff-Appellant ineligible for no-fault benefits.

Defendant-Appellee filed its Motion for Summary Disposition on December 1, 2020, arguing that Plaintiff-Appellant is precluded from no-fault benefits through the MAIPF pursuant to MCL 500.3173a. (*See* Defendant-Appellee's Motion for Summary Disposition, attached hereto as **Exhibit C**). Defendant-Appellee's Motion for Summary Disposition was heard by the Honorable Muriel Hughes on April 6, 2021. An Order Granting Defendant-Appellee's Motion for Summary Disposition was entered on April 27, 2021. (*See* Order Granting Defendant's Motion for Summary Disposition, attached hereto as **Exhibit D**). This Order specifically noted that "Plaintiff committed a fraudulent insurance act by knowingly presenting material misrepresentations in support of its claims for no-fault benefits, and that it is ineligible for payment or benefits pursuant to MCL 500.3173a. *Id.* This Appeal followed.

STATEMENT OF FACTS

Plaintiff-Appellant, Charles Williamson, filed this action for first-party no-fault benefits against Defendant-Appellee, Auto Club Insurance Association, on October 21, 2019. (*See* Complaint, attached hereto as **Exhibit E)**. Mr. Williamson was struck by an unidentified vehicle as a pedestrian, at or near the intersection of Greenfield & Lodge Service Drive. (*See* Police Reports, attached hereto as **Exhibit F**). He had walked into oncoming traffic, causing him to sustain fractures to his right lower leg, right public, multiple ribs, and the anterior wall. *Id.* The leg fractures required an open reduction and internal fixation procedure, performed at St. John Hospital. Mr. Williamson was thereafter transferred to Lakeland Center for Rehabilitation and

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was discharged home on December 26, 2019. Following the accident, Mr. Williamson also treated with Michigan Spine & Pain for headaches, neck pain, bilateral shoulder and knee pain, right hip pain, and low back pain, as well as underwent physical therapy at PhysioFit Rehabilitation through April 2019, and traumatic brain injury treatment through May 30, 2019. Mr. Williamson passed away on October 24, 2019, following a second pedestrian/motor vehicle accident. (**Exhibit A**). Mr. Williamson's daughters, Porsha and Lateshea Williamson acquired Letters of Authority to proceed with this suit on January 8, 2020. (*See* Letters of Authority, attached hereto as **Exhibit G**)

During the course of discovery in this action, Defendant sent Plaintiff-Appellant a set of Interrogatories, seeking to discovery what specific no-fault claims Plaintiff-Appellant was advancing. In its Answers to Defendant's Interrogatories, dated February 10, 2020, Plaintiff-Appellant claimed that the Estate was making claims for replacement services and attendant care, and cited to attached documents. (**Exhibit B**). Replacement service and attendant care calendars attached to Plaintiff-Appellant's Answers to Interrogatories indicate that Plaintiff received these services in November and December of 2019. Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories, indicating that she read the Answers and believed them to be true to the best of her knowledge. *Id.* These submissions constitute misrepresentations in support of a claim for no-fault benefits and render Mr. Williamson ineligible for no-fault benefits pursuant to MCL 500.3173a.

STANDARD OF REVIEW

This Court reviews de novo a trial court's decision on a motion for summary disposition under MCR 2.116(C)(10). *Maiden v Rozwood*, 461 Mich 109, 118; 597 NW2d 817 (1999). Where the proffered evidence fails to establish a genuine issue of material fact, the moving party

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is entitled to judgment as a matter of law. *Quinto v Cross & Peters Co.*, 451 Mich 358, 547 NW2d 314.

A motion under MCR 2.116(C)(10) tests the factual sufficiency of the Complaint. In evaluating a motion brought under MCR 2.116(C)(10), a court considers pleadings, depositions, admissions and documentary evidence filed in the action or submitted in a light most favorable to the non-moving party. *Maiden v Rozwood*, 461 Mich 109 (1999). A trial court may grant the motion brought under MCR 2.116(C)(10) if there is no genuine issue with respect to any material facts, and the moving party is entitled to judgment as a matter of law. *Smith v Globe Life Ins Co*, 460 Mich 446 (1999). However, "[a] litigant's mere pledge to establish an issue of fact at trial cannot survive summary disposition under MCR 2.116(C)(10)." *Maiden*, 461 Mich at 121. The reviewing court should evaluate the motion by "considering the substantively admissible evidence actually proffered in opposition to the motion." *Id.* However, a mere promise to provide evidence to support a claim is insufficient. *Id.*

LAW AND ARGUMENT

I. THE LOWER COURT DID NOT ERR IN FINDING THAT THE PREDATED NOVEMBER 2019 AND DECEMBER 2019 REPLACEMENT SERVICE AND ATTENDANT CARE FORMS SUBMITTED DURING DISCOVERY WERE MATERIAL TO PLAINTIFFS' CLAIMS FOR NO-FAULT BENEFITS.

The Circuit Court correctly held that the replacement service and attendant care forms, dated November and December of 2019, after Charles Williamson's death, were material misrepresentations in support of a claim for no-fault benefits, constituting a fraudulent insurance act and rendering Mr. Williams ineligible for no-fault benefits. MCL 500.3173a(4), previously MCL 500.3173a(2), states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or

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> in support of a claim to the Michigan automobile insurance placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to the penalties imposed under section 4511. ***A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.***
> [emphasis added].

The Legislature has defined a fraudulent insurance act in MCL 500.4503, which states in pertinent parts:

> A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive . . .
>
> (c) Presents or causes to be presented to or by any insurer, any oral or written statement including computer-generated information as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false information concerning any fact or thing material to the claim.

The Michigan Legislature has expressly stated in MCL 500.3173a that anyone who violates MCL 500.4503 is ineligible for benefits from an assigned claims insurer or the MACP. Charles Williamson checked the box indicating that he acknowledged the fraud warning mirroring the language of MCL 500.3173a in his Application for Benefits, and the risk faced for committing fraudulent insurance acts. (*See* Application for Benefits, attached hereto as **Exhibit H**).

A. The Information in Plaintiff-Appellant's Attendant Care Replacement Services Claims is Material is his Claim for No-Fault Benefits

"A statement is material if it is reasonably relevant to the insurer's investigation of a claim." *Mina v Gen Star Indem Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) (rev'd in part on other grounds). "[F]acts which are essential to the investigation of any claim of benefits and to a

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determination regarding the probity of any medical expenses requested" are material to a claim for benefits. *McCune v Allstate Ins Co*, 2019 WL 137150. "An individual analysis based on the facts of each case is required, and where there is a question of fact as to any of the elements, summary disposition is improper." *Pitts v Doe*, 2018 WL 4002049, citing *Shelton v Auto-Owners Co*, 318 Mich App 648, 656, 659-660; 899 NW2d 744 (2017). Here, there is no question of fact whether Plaintiff's attendant care and replacement service claims are material to his claim for no-fault benefits. These are services that Plaintiff-Appellant alleged he required as a result of his alleged injuries related to the alleged at-issue accident.

B. Plaintiff-Appellant Knowingly Presented Materially False Information to the MAIPF and to Defendant-Appellant

This Honorable Court considered the fraud provision of MCL 500.3173a(2) in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) where it held that because the Plaintiff knowingly made false and material statements in his replacement services calendars that were used to support a claim submitted to the MAIPF and its servicing insurer, a fraudulent insurance act was committed and the Plaintiff was precluded from recovering ***any*** No-Fault benefits. *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017).

The Plaintiff in *Candler* was struck by a hit-and-run driver. *Id.* at 775. The Plaintiff was uninsured at the time of the accident and the identity of the driver was unknown. *Id.* Therefore, the Plaintiff made a claim with the MAIPF that was assigned to Farm Bureau, who eventually paid over $150,000 in No-Fault benefits. *Id.* at 776. The Plaintiff submitted claims for replacement services in the form of service calendars for August, September, and October of 2015. *Id.* The calendars included the signature of the Plaintiff's brother and alleged that he provided replacement

services to the Plaintiff during those months. *Id.* However, during the course of discovery, it was uncovered that the Plaintiff did not receive replacement services from the alleged provider for several of the months that were submitted for payment. *Id.* In turn, Farm Bureau filed a motion for summary disposition arguing that the Plaintiff's false statement precluded his recovery of any No-Fault benefits pursuant to MCL 500.3173a(2), which was denied at the trial level and reversed by this Honorable Court. *Id.*

On appeal, Farm Bureau argued that MCL 500.3173a(2) plainly indicates that the Plaintiff was ineligible to receive ***any*** No-Fault benefits as a result of the forged signatures and false representation that services were performed by the provider. *Id.* at 778. This Honorable Court agreed with Farm Bureau and noted that, in order to qualify as part of a fraudulent insurance act, "***the false statement merely must have been presented 'as part of or in support of a claim for payment or another benefit."*** *Id.* at 784. As such, a person commits a fraudulent insurance act under the statute when the claimant (1) presents or causes to be presented an oral or written statement; (2) which is part of or in support of the claim for No-Fault benefits; (3) where the claim was submitted to the MAIPF; (4) the person knows that the statement contained false information; and (5) the statement must have concerned a fact or thing material to the claim. *Id.* at 779-80.

This Honorable Court applied the interpretation of MCL 500.3173a(2) and held that there was no genuine issue of material fact that a fraudulent insurance act was committed when the calendars were submitted. The opinion also stated that although the claim was essentially assigned to Farm Bureau it was nonetheless being processed through the MAIPF. *Id.* at 781. This Honorable Court held that *"**[n]o reasonable jury could conclude that plaintiff . . . was not aware that he was submitting false information that was material to his claim for No-Fault benefits.***" *Id.* at 781-82 (emphasis added). Therefore, this Honorable Court concluded that Farm Bureau's

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Motion for Summary Disposition should have been granted as Plaintiff was ineligible to recover ***any*** No-Fault benefits through the MAIPF or its servicing insurer pursuant to MCL 500.3173a(2).

An unpublished *per curiam* opinion in *Farrell v Farm Bureau Insurance*, No. 335979, 2017 WL 5759800, (Mich Ct App, November 28, 2017) held a Plaintiff completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(2). (**Exhibit F**). In *Farrell*, the Court of Appeals held that the "***plaintiff's subsequent statements in support of that claim were false and clearly aimed at concealing the fact he was terminated***." This Honorable Court stated that it was clear that the Plaintiff made a material misrepresentation regarding his wage loss claim the Plaintiff clearly had knowledge that he was terminated at the time of his deposition testimony and further made misrepresentations in his answers to interrogatories to conceal the fact that he was terminated. This Honorable Court completely barred the Plaintiff's recovery of any No-Fault benefits pursuant to MCL 500.3173a(2).

Farrell also clarified that the correct standard for analyzing fraud in an assigned claims lawsuit is MCL 500.3173a(2) – which **does not contain an intent element** – and not *Bahri v IDS Property Cas Ins*, 308 Mich App 420; 864 NW2d 609 (2014), the fraud standard under a *policy* lawsuit, which *does* contain an intent element. *Farrell* held that the trial court had erred in ruling that *Bahri* was applicable. This Honorable Court held that *Bahri* was distinguishable from the facts in *Farrell* as the former dealt with the application of a fraud exclusion provision in a No-Fault insurance policy. Conversely, the issue in *Farrell* was whether the Plaintiff was entitled to recover No-Fault benefits through the MAIPF in light of the fraud provision of MCL 500.3173a(2). In short, this Honorable Court found that trial court had no business applying the fraud standard at play in *Bahri*, a policy lawsuit, to the facts of *Farrell*, an assigned claims lawsuit. This Honorable Court identified and analyzed the language of the fraud provision of MCL 500.3173a(2), the proper

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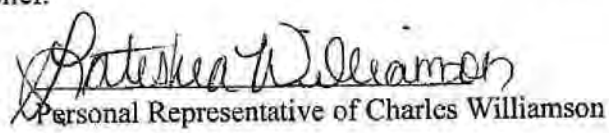
standard, and held that *a claimant who submits knowingly false information to the MAIPF in support of a claim for No-Fault benefits is entirely barred from recovery.*

Additionally, the Court held that given the two fraud warnings the Plaintiff acknowledged on his Application for Benefits, the Plaintiff could not claim that he did not read the document and cannot claim ignorance as to the content of the application. The Court reasoned that "Michigan law presumes that one who signs a written agreement knows the nature of the instrument so executed and understands its contents." *Galea v FCA US LLC*, 323 Mich App 360, 369; 917 NW2d 694 (2018).

In this case, Plaintiff's Representative signed Answers to Defendant's Interrogatories indicating she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit B**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id. She also signed the Application for Benefits, indicating that she acknowledged the two fraud warnings.

There is no question of fact whether Lateshea Williamson knew Mr. Williamson was deceased when she signed the discovery responses. Thus, Plaintiff-Appellant knowingly submitted misrepresentations in support of its claim for no-fault benefits to Defendant. Application of the facts of Plaintiff-Appellant's misrepresentations to the MAIPF and Defendant-Appellant demonstrate unequivocally that his Estate is barred from recovery of no-fault benefits through an assigned servicing insurer of the MAIPF pursuant to MCL 500.3173a(2).

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C. Whether the Affidavits of Attendant Care were Submitted directly to Defendant or during Discovery is of No Matter

Plaintiff-Appellant has contended that, "the attendant care forms were not submitted for any purpose other than to comply with discovery". This is erroneous and immaterial. Plaintiff-Appellant's Estate misrepresented information concerning Plaintiff-Appellant's replacement services and attendant care claims. It is irrelevant whether this information was submitted directly to the insurance company, pre-litigation, or during the course of discovery in this lawsuit. The correct standard for analyzing fraud in an assigned claims lawsuit is MCL 500.3173a(4), formerly MCL 500.3173a(2).

D. Plaintiff's Reliance on *Samer Bahnam* is Misplaced – the Holdings set forth in *Haydaw and Meemic* are Inapplicable to the Case at Hand

Plaintiff-Appellant places reliance on the case of *Samer Bahnam et al v. Farm Bureau General Insurance Company of Michigan et al,* 2020 WL 6110924. In the *Bahnam* case, this Court upheld the holding set forth in *Haydaw v. Farm Bureau Ins. Co.,* and our Supreme Court's opinion in *Meemic v. Fortson.* In *Bahnam,* the Plaintiff was in a motor vehicle accident and unfortunately passed away. His Estate made a claim with **his no-fault insurer that the Plaintiff had a policy of insurance with, Farm Bureau General Insurance Company of Michigan.** *Bahnam* is distinguishable from this case, as Defendant-Appellant in this case, ACIA, is a servicing insurer of the MAIPF and thus, Plaintiff-Appellant did not have a policy of insurance with Defendant-Appellee. *Bahnam* also relies on the case of *Meemic v. Forton*, which was also a policy case.

1) Haydaw is Inapplicable to the Case at Hand

In *Haydaw*, the Plaintiff was involved in an October 2016 motor vehicle accident and filed

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a claim with Farm Bureau. Farm Bureau was Haydaw's own No-Fault insurer. **Haydaw did not file a claim through the Michigan Automobile Insurance Placement Facility, as Charles Williamson did in this case.** Haydaw filed a lawsuit against Farm Bureau alleging Farm Bureau wrongfully withheld No-Fault benefits. At his deposition, Haydaw testified through an interpreter as English was not his first language. Haydaw also used an interpreter to communicate with his doctors. After discovery was completed, Farm Bureau moved for Summary Disposition arguing that Plaintiff made false statements regarding his medical history. He indicated that he did not have issues with his back, neck or shoulders prior to the motor vehicle accident. Farm Bureau relied on its **fraud** provision in its policy to argue it was entitled to summary disposition. The provision stated:

> The entire policy will be void if, whether before or after a loss, you, any family member, or any insured under this policy has:
>
> 1. intentionally concealed or misrepresented any material fact or circumstance;
> 2. engaged in fraudulent conduct; or
> 3. made false statements;
>
> Relating to this insurance or to a loss to which this insurance applies.

Plaintiff responded by arguing that he was truthful as his last two doctor visits were for the accident were for the flu and his understanding of the question referred to doctor appointments immediately prior to the accident. Plaintiff disclosed his medical records before the deposition and therefore Farm Bureau was aware of his medical history. Plaintiff argued that any inaccurate statement at his deposition went to his credibility to be determined by the jury. Plaintiff questioned the accuracy of the medical reports as he was communicating through an interpreter. The Trial Court found that Plaintiff made false statements at his deposition and granted Summary

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Disposition based on Farm Bureau's fraud provisions.

This Court examined "whether statements made during litigation **after** the insured's claims is denied constitutes grounds to void the policy under a fraud provision." *Id.* at 3. The Court looked at various other jurisdictions and stated "false statements made during discovery do not provide grounds to void the policy because, by that time, the claim has been denied and the parties are adversaries in litigation." *Id.* at 5. The Court stated, "statements made during litigation are by their nature incapable of satisfying the elements for voiding a policy on the basis of a post-loss fraud." *Id.* at 6. The Court concluded its reasoning by stating that, "for the reasons discussed, however, we are convinced that statements made during the course of litigation do not implicate an insurance policy's fraud or misrepresentation clause and that such a clause may not be relied on by the insurer to justify a denial of benefits." Id. at 7.

The *Haydaw* case is easily distinguishable from the instant case. In *Haydaw*, the parties were arguing about a "fraud provision" in the contract. This matter does not involve an insurance contract that involves a "fraud" provision. The entire misrepresentation made by Charles Williamson and his Estate is controlled by statute, MCL 500.3173a. The cases cited to in Plaintiff-Appellant's Brief are contractual cases and the terms they abide to are set forth in the policy. Premiums are paid in exchange for those contractual terms. The MAIPF is a statutorily created entities, as are the standards it abides by. It is completely irrelevant whether Plaintiff-Appellant provided the false information in this case pre- or post- litigation. Plain and simple, the Estate misrepresented information in support of Plaintiff-Appellant's claims for no-fault benefits, and this, Plaintiff-Appellant must remain ineligible for benefits pursuant to MCL 500.3173a(4).

CONCLUSION AND RELIEF REQUESTED

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Plaintiff-Appellant made material misrepresentations in support of its claim for no-fault benefits, which renders it in violation of MCL 500.3173a(4) and precludes it from collecting no-fault benefits. No genuine issues of material fact exist. Mr. Williamson was deceased when his Estate submitted its attendant care and replacement service affidavits, and the Estate knew this fact. Defendant-Appellee, Auto Club Insurance Association, believes that this Court should AFFIRM the Circuit Court's decision granting Defendant-Appellant's Motion for Summary Disposition.

Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: December 16, 2021

By: /s/ Michelle A. Endress

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EXHIBIT A

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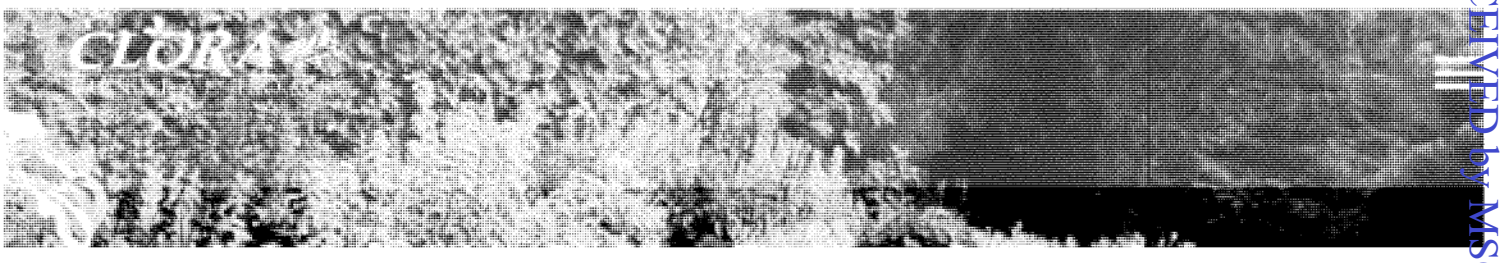
Detroit East: (313) 368-0100 River Rouge: (313) 843-0100 Detroit West: (313) 914-3334



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MR. CHARLES WILLIAMSON

January 22, 1959 - October 23, 2019

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The family of MR. CHARLES WILLIAMSON created this Life Tributes page to make it easy to share your memories.

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Share

Obituary & Service	Share a Memory Below	Flowers & Gifts
No obituary.	A comforting word from you means a lot.	Send flowers to the WILLIAMSON's family.
View More	Share a Memory	Send Flowers

Tribute Wall | Photos & Videos | **Family Dates** | + More

Birthdays

CHARLES WILLIAMSON	Jan 22, 1959 - Oct 23, 2019	60 years

Anniversaries

No anniversaries yet.

You can contribute with this family by adding members and growing this family tree.

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EXHIBIT B

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

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ANSELMI MIERZEJEWSKI
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CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;

b. Your present address and state of residency;

c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;

d. Your date and place of birth;

e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

a. The total period of disability for which you claim these benefits, e.g., 1/1/90 to 2/1/90;
b. The total amount of wage loss no-fault benefits you claim to the date that you answer these Interrogatories;
c. On what daily, weekly, or monthly wage loss rate is your claim based.

ANSWER:

Allowable Expenses

26. Please state whether or not you have suffered any additional financial losses as a result of the incident complained of, other than those covered by the preceding Interrogatories; if so, please state the following:

a. The nature and the amount of such losses;
b. The date(s) thereof;
c. The names and addresses of any person(s) to whom any money so claimed as additional loss is paid or owing.

ANSWER:

27. Do you claim allowable medical expense no-fault benefits pursuant to MCL §500.3107(a) in this lawsuit?

ANSWER:

28. If your answer to Interrogatory 27 is yes, please provide the following information as to each doctor, hospital or person who has rendered medical services to you and list separately each medical expense claimed:

a. The name of the doctor, hospital or person rendering the medical service;
b. The total amount of medical expense benefits claimed for each doctor, hospital, etc.;
c. Dates of treatment;

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

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a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

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All records listed in answer to 54 plus the claim file and deposition transcript.

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

58. If you claim attendant care services pursuant to MCL §500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached

59. If you claim attendant care services pursuant to MCL §500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

$14.00

60. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;

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c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

See attached

61. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Hours performed times $14.00 an hour

62. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she claims in the case at bar.

ANSWER:

Pursuant to the doctor's orders

63. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

See answer to number 54

64. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

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ANSWER:

See attached forms

65. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

Asked and answered.

66. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;
c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

Asked and answered.

67. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Asked and answered.

68. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she

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claims in the case at bar.

ANSWER:

Asked and answered.

69. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

Asked and answered.

Public Media

70. Please provide:

a. Your current email address;
b. Any and all former email addresses you have used for the past 3 years;
c. Any and all websites you maintain and/or domain names registered to you.

ANSWER:

unknown

71. Do you participate in any social or professional networking, blogging or Journaling website? Examples include but are not limited to: Face book, MySpace, LinkedIn, Webkinz, Classmates.com, Twitter, Friendster, and Blogger.com.

ANSWER:

no

72. If your answer to the previous interrogatory is yes, please provide a complete list of the website you use, and also provide:

a. Any and all names, user ID's, user names or email address for social and/or

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professional networking sites or blogs;

b. Please state which user name corresponds to which website;

c. How long you have used said website and/or blog;

d. The last date you logged into and/or updated said website;

ANSWER:

none

73. Please identify the owner of the vehicle you occupied at the time of the accident by name, address, phone number and relationship to you, if any.

a. Pursuant to MCR 2.310, please attach copies of each and every document or thing which supports your identification of the owner.

ANSWER:

See police report

74. Please provide the cell phone number and provider for your mobile communication equipment which was in effect on the date of the accident, and 30 days after the accident date.

ANSWER:
313-808-8611
Metro PCS

Medicaid/Medicare

75. Does Plaintiff qualify for Medicare/Medicaid benefits?

ANSWER:

yes

76. If so, has Plaintiff received Medicare/Medicaid benefits at any time since the incident at issue in this case? If yes, then state:

a. When Plaintiff and/or Medicare/Medicaid recipient first began to receive Medicare/Medicaid benefits;

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b. Is there a lien for the benefits received on Plaintiff and/or Medicare/Medicaid recipient's claim in this case;

c. Has this lawsuit been reported to the COBC;

d. Have you requested and/or received a Conditional Payment Letter?

   i. If a Conditional Payment Letter has been received, attach a copy of the letter to these Interrogatories pursuant to MCR 2.310.

   ii. What is the last treatment date for the claims included within the Conditional Payment Letter?

   iii. Are any charges included within the Conditional Payment Letter/Lien disputed? If so, please state:

      1. The amount of the disputed claims.
      2. The date of the disputed claims.
      3. The name and contact information for the treater whose claim is disputed.
      4. State with specificity, the reason that the claim is being disputed by Plaintiff and/or Medicare/Medicaid recipient;
      5. Whether any decision has been issued by Medicare/Medicaid regarding the disputed claim.

e. Has Plaintiff and/or Medicare/Medicaid recipient had any treatment since the Conditional Payment Letter was issued? If so, state:

   i. The date of said treatment;

   ii. Where this treatment was provided;

   iii. The name and contact information of the person and/or entity providing said treatment;

   iv. State with specificity, the nature of the treatment provided;

   v. Were there any costs associated with said treatment? If so, state:

      1. The total cost of said treatment;
      2. Who paid for the cost of this treatment;
      3. Attach a copy of the bills for said treatment pursuant to MCR 2.310.

ANSWER:

Asked and answered.

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77. For the purposes of allowing Defendant to provide notice to CMMS, state:

a. Plaintiff and/or Medicare/Medicaid recipient's social security number;
b. Plaintiff and/or Medicare/Medicaid recipient's HICN Number;
c. Plaintiff and/or Medicare/Medicaid recipient's full name;
d. Whether Plaintiff and/or Medicare/Medicaid recipient's ever sought Medicare/Medicaid benefits under any other name. If so, please state each name under which benefits were sought and/or received;
e. Plaintiff and/or Medicare/Medicaid recipient's date of birth;
f. The date of the alleged incident giving rise to this Complaint;
g. The alleged cause of injury, accident or illness;
h. ICD-9 Diagnosis Code numbers (1) through (19), if applicable;
i. Plaintiff and/or Medicare/Medicaid recipient's attorney's law firm tax ID number.

ANSWER:
Asked and answered.

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78. Does the Plaintiff agree to voluntarily supplement Plaintiff's Answers to these Interrogatories as Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company become aware that the answers to each question set forth above either changes or if additional information is obtained by Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company.

ANSWER:

yes

STATE OF MICHIGAN)
)
COUNTY OF Oakland)

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.

Personal Representative of Charles Williamson

Subscribed and sworn to before me
this ____ day of _____, 2019.

_____
Notary Public

County of
State of Michigan
My commission expires:

Date: February 10, 2020

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4/10457 6/ Date of Loss: 10 / 3 / 2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2018

Date 1 Hours:	Date 2 Hours:	Date 3 Hours:	Date 4 Hours:	Date 5 Hours:	Date 6 Hours:	Date 7 Hours:
Date 8 Hours:	Date 9 Hours:	Date 10 Hours:	Date 11 Hours:	Date 12 Hours:	Date 13 Hours:	Date 14 Hours:
Date 15 Hours:	Date 16 Hours:	Date 17 Hours:	Date 18 Hours:	Date 19 Hours:	Date 20 Hours:	Date 21 Hours:
Date 22 Hours:	Date 23 Hours:	Date 24 B, E, I Hours: 16	Date 25 B E I Hours: 16	Date 26 B E I Hours: 16	Date 27 B E I Hours: 16	Date 28 B E I Hours: 16
Date 29 B E I Hours: 16	Date 30 B E I Hours: 16	Date 31 B E I Hours: 16				

Signature: [signature] Date: 12/31/18

Total Hours: 128

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: January Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: Lirrice D Brown Date: 1/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: February Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 Hours:	Date 30 Hours:	Date 31 Hours:				

Signature: [signature] Date: 2/28/19

Total Hours: 448

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: March Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: X Lirrice D Brown Date: 3/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 40104516 Date of Loss: 10/31/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: April Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 4/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: May Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 5/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: June Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 6/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451.101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: July Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 7/31/19

Total Hours: 496

RECEIVED by MSC 8/16/2023 1:31:57 PM

RECEIVED by MCOA 12/16/2021 4:10:37 PM

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: August Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 8/31/19

Total Hours: 496

RECEIVED by MSC 8/16/2023 1:31:57 PM

RECEIVED by MCOA 12/16/2021 4:10:37 PM

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: September Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 9/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: October Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 10/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: November Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 11/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 12/31/19

Total Hours: 496

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

1/31/2019
DATE

Eunice D Brown
SIGNATURE OF CARE GIVER

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RECEIVED by MCOA 12/16/2021 4:10:37 PM

REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010f81601

2) The following household/replacement services have been provided for: Chanel Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

2/28/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4W104551601

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

3/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

4/21/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010ft5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

5/21/19
DATE

X Eunice D Brown
SIGNATURE OF CARE GIVER

RECEIVED by MSC 8/16/2023 1:31:57 PM

REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010FB1101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

6/30/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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RECEIVED by MSC 8/16/2023 1:31:57 PM

RECEIVED by MCOA 12/16/2021 4:10:37 PM

REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

7/31/19
DATE

Linice D Brown
SIGNATURE OF CARE GIVER

RECEIVED by MSC 8/16/2023 1:31:57 PM

REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4000451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

8/31/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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RECEIVED by MCOA 12/16/2021 4:10:37 PM

REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401024516 01

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Livrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

9/20/19
DATE

X Livrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010751161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	Driving	Watching children
✓ Doing Laundry	Gardening	Bathing children
Cleaning house	Mowing the grass	Activities with children
Washing windows	✓ Taking out garbage	Anything requiring bending
Grocery shopping	Shoveling snow	Anything requiring lifting
✓ Lifting & carrying groceries	Household repairs	Caring for pets

5) I affirm that this document is true and accurate.

10/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010H5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

11/20/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

12/31/19
DATE

Lirrice D Brown
SIGNATURE OF CARE GIVER

EXHIBIT C

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 12/1/2020 2:45 PM Monica Atkinson

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RECEIVED by MCOA 12/16/2021 4:10:37 PM

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and,
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of Charles Williamson (deceased),

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

DEFENDANT, AAA OF MICHIGAN'S
MOTION FOR SUMMARY DISPOSITION

NOW COMES Defendant, AAA OF MICHIGAN, by and through its attorneys, ANSELMI MIERZEJEWSKI RUTH & SOWLE P.C., and pursuant to MCR 2.116(C)(10), states as follows:

1. On October 22, 2020, Plaintiff Charles Williamson's personal representatives of his estate ("Plaintiff's Estate") filed this Complaint seeking no-fault benefits from AAA of Michigan ("Defendant") for injuries allegedly arising out an October 30, 2018 motor vehicle accident.

2. That in its Answers to Defendant's Interrogatories, Plaintiff claimed reimbursement of attendant care and replacement services that was allegedly performed after

Plaintiff passed away. (**Exhibit A**- Plaintiff's Discovery Responses).[1]

3. That in its Answers to Defendant's Interrogatories, Plaintiff indicated that he is making a claim for replacement services and attendant care and to see attached documents. *Id.*

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;
b. The date or dates upon which said services were provided;
c. Specify the services performed on each date;
d. The amount of loss of services benefit you claim in regard to each person;
e. The amount of money which you have paid to each person in regard to said services;
f. The form of payment to each person, i.e., cash or check or by some other means;
g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

a-g Lirrice Brown. See attached services forms

Id.

[1] Defendant deleted irrelevant pages for brevity.

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4. That the replacement services and attendant care calendars attached to Plaintiff's Interrogatory Answers indicate Plaintiff received these services in November and December, 2019.

5. That unfortunately, Plaintiff passed away on October 23, 2019. (**Exhibit B**- Plaintiff's Obituary).

6. That Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories indicating that she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id.

7. That therefore, Plaintiff has misrepresented information in support of his claim for No-Fault benefits and is ineligible for benefits.

8. *Mina v Gen Star Indemnity Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) held that "[a] statement is material if it is reasonably relevant to the insurer's investigation of a claim." (rev'd in part on other grounds).

9. The unpublished Michigan Court of Appeals decision in *McCune v Allstate Ins Co*, 2019 WL 137150 states that "facts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested" are material. (**Exhibit C**).

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10. MCL 500.3173a(4)[2] states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as a part of or in support of a claim to the Michigan Automobile Insurance Placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to penalties imposed under section 4511. A claim that contains or is supported by fraudulent insurance act as described in the section is ineligible for payment or benefits under the assigned claims plan.

11. The Michigan Court of Appeals in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) found a plaintiff was **completely barred from recovering any No-Fault benefits** pursuant to MCL 500.3173a(2) for fraudulently claiming attendant care that was never rendered.

12. That Plaintiff's estate knowingly presented material misrepresentations in support of Plaintiff's claim for benefits and is completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(4).

13. That pursuant to MCR 2.116(C)(10), summary disposition is appropriate where there is no genuine issue of material fact, and the moving party is entitled to judgment as a matter of law. MCR 2.116(C)(10).

14. That in this case, there is no genuine issue of material fact that Plaintiff was deceased when he allegedly received attendant care and replacement services in November and December, 2019. Thus, Plaintiff made material misrepresentations in support of his claim for No-Fault benefits, and Defendant is entitled to dismissal of Plaintiff's claim as a matter of law.

WHEREFORE, Defendant, AAA OF MICHIGAN, respectfully requests that this Honorable Court grant Defendant's Motion for Summary Disposition pursuant to MCR 2.116(C)(10) and enter an Order dismissing Plaintiff's case with prejudice. Moreover, Defendant

[2] MCL 500.3113a(4) is formerly MCL 500.3113a(2).

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is entitled to reasonable costs and attorney fees incurred in having to defend this action under MCR 2.114(D), (E), and (F).

Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: November 12, 2020

By: /s/ Rita Arabo
Rita Arabo (P75183)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290

BRIEF IN SUPPORT

Introduction and Statement of Facts

On October 22, 2020, Plaintiff Charles Williamson's personal representatives of his estate ("Plaintiff") filed this Complaint seeking no-fault benefits from AAA of Michigan ("Defendant") for injuries allegedly arising out an October 30, 2018 motor vehicle accident. In its Answers to Defendant's Interrogatories, Plaintiff claimed reimbursement of attendant care and replacement services that were allegedly performed after Plaintiff passed away. (**Exhibit A**). In its Answers to Defendant's Interrogatories, Plaintiff indicated that he is making a claim for replacement services and attendant care and to see attached documents. *Id.* The replacement services and attendant care calendars attached to Plaintiff's Interrogatory Answers indicate Plaintiff received these services in November and December, 2019. Unfortunately, Plaintiff passed away on October 23, 2019. (**Exhibit B**). Plaintiff's personal representative, Lateshea Williamson, signed Plaintiff's Answers to Interrogatories indicating that she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**). Therefore, Plaintiff has misrepresented information

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in support of its claim for No-Fault benefits and is ineligible for benefits.

Standard of Review

A motion under MCR 2.116(C)(10) tests the factual sufficiency of the Complaint. In evaluating a motion brought under MCR 2.116(C)(10), a court considers pleadings, depositions, admissions and documentary evidence filed in the action or submitted in a light most favorable to the non-moving party. *Maiden v Rozwood*, 461 Mich 109 (1999). A trial court may grant the motion brought under MCR 2.116(C)(10) if there is no genuine issue with respect to any material facts, and the moving party is entitled to judgment as a matter of law. *Smith v Globe Life Ins Co*, 460 Mich 446 (1999). However, "[a] litigant's mere pledge to establish an issue of fact at trial cannot survive summary disposition under MCR 2.116(C)(10)." *Maiden*, 461 Mich at 121. The reviewing court should evaluate the motion by "considering the substantively admissible evidence actually proffered in opposition to the motion." *Id.* However, a mere promise to provide evidence to support a claim is insufficient. *Id.*

Argument

I. Plaintiff Made Material Misrepresentations In Support of His Claim for No-Fault Benefits, and As Such, Committed a Fraudulent Insurance Act Pursuant to MCL 500.3173a(4) and is Ineligible for Benefits

Defendant moves for summary disposition pursuant to the application of MCL 500.3173a(4), previously MCL 500.3173a(2), which states:

> A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan automobile insurance placement facility for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 that is subject to the penalties imposed under section 4511. ***A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.*** [emphasis added].

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The Legislature has defined a fraudulent insurance act in MCL 500.4503, which states in pertinent parts:

> A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive . . .
>
> (c) Presents or causes to be presented to or by any insurer, any oral or written statement including computer-generated information as part of, or in support of, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false information concerning any fact or thing material to the claim.

Michigan Legislature has expressly stated in MCL 500.3173a that anyone who violates MCL 500.4503 is ineligible for benefits from an assigned claims insurer or the MACP. Plaintiff signed on his Application for Benefits the below fraud warning statements, acknowledging the risk he faced for committing fraudulent insurance acts:



Please note, if the top two boxes below are not acknowledged and the application is not signed and dated, the application will be considered incomplete and will be returned to the injured person or the preparer for further completion.

X I have reviewed the application in its entirety and attest that the information contained therein is true and accurate. If I am a medical provider and am submitting this application on behalf of the injured person, I attest that I have knowledge of the information provided, have thoroughly investigated and verified all documented information and have knowledge that all the information documented is true and accurate.

X I acknowledge I have read the following fraud warning:

FRAUD WARNING

A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan Automobile Insurance Placement Facility for payment or any other benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 of the insurance code that is subject to the penalties imposed under section 4511. A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the Assigned Claims Plan.

X I understand that if benefits are paid to me or for my benefit, the owner of the insured, uninsured vehicle will be financially responsible for reimbursement of all no fault benefits paid and costs associated with this claim pursuant to the Michigan No Fault Act.

X If I provided an email address, I understand that future correspondence and information regarding this claim may be exchanged via the email contact provided.

Signature of Injured Person or Representative	Printed Name of Injured Person or Representative	Date:
X Charles Williamson	X Charles Williamson	12/14/2018
Signature of Preparer (if different than above)	Printed Name of Preparer (if different than above)	Date:
X Kimberly Taylor	X Kimberly Taylor	12/14/2018

Who prepared this application? ☐ Injured Person ☐ Attorney X Third Party Biller
☐ Parent ☐ Legal Guardian

Preparer Name and Company: Kimberly Taylor The Lakeland Center

Address: 24900 Franklin Road

City: Southfield State: MI Zip Code: 48033

Phone Number: 248-350-8870

If the preparer is a medical provider: Do you have an assignment of benefits?
X Yes ☐ No If Yes, please attach.

Michigan Assigned Claims Plan
c/o Michigan Automobile Insurance Placement Facility
PO Box 532818
Livonia, MI 48153-2318
www.michacp.org Phone: 734-464-8111
Email: info@michacp.org
Fax: 734 744-8552

(**Exhibit C**- Application for Benefits).

a. The Information in Plaintiff's Attendant Care Claim Is Material to His

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Claim for No-Fault Benefits

"A statement is material if it is reasonably relevant to the insurer's investigation of a claim." *Mina v Gen Star Indem Co*, 218 Mich App 678, 686; 555 NW2d 1 (1996) (rev'd in part on other grounds). "[F]acts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested" are material to a claim for benefits. *McCune v Allstate Ins Co*, 2019 WL 137150. (**Exhibit C**). "An individual analysis based on the facts of each case is required, and where there is a question of fact as to any of the elements, summary disposition is improper." *Pitts v Doe*, 2018 WL 4002049, citing *Shelton v Auto-Owners Co*, 318 Mich App 648, 656, 659-660; 899 NW2d 744 (2017).

In this case, there is no question of fact whether Plaintiff's attendant care and replacement services claims are material to his claim for No-Fault benefits. These are services Plaintiff alleged he required as a result of his alleged injuries related to the alleged at-issue accident.

b. Plaintiff Knowingly Presented Materially False Information to the MAIPF and Defendant

This Honorable Court considered the fraud provision of MCL 500.3173a(2) in *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017) where it held that because the plaintiff knowingly made false and material statements in his replacement services calendars that were used to support a claim submitted to the MAIPF and its servicing insurer, a fraudulent insurance act was committed and the plaintiff was precluded from recovering ***any*** No-Fault benefits. *Candler v Farm Bureau Mut Ins Co of Michigan*, 321 Mich App 772; 910 NW2d 666 (2017).

The plaintiff in *Candler* was struck by a hit-and-run driver. *Id*. at 775. The plaintiff was uninsured at the time of the accident and the identity of the driver was unknown. *Id*. Therefore, the

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plaintiff made a claim with the MAIPF that was assigned to Farm Bureau, who eventually paid over $150,000 in No-Fault benefits. *Id*. at 776. The plaintiff submitted claims for replacement services in the form of service calendars for August, September, and October of 2015. *Id*. The calendars included the signature of the plaintiff's brother and alleged that he provided replacement services to the plaintiff during those months. *Id*. However, during the course of discovery, it was uncovered that the plaintiff did not receive replacement services from the alleged provider for several of the months that were submitted for payment. *Id*. In turn, Farm Bureau filed a motion for summary disposition arguing that the plaintiff's false statement precluded his recovery of any No-Fault benefits pursuant to MCL 500.3173a(2), which was denied at the trial level and reversed by this Honorable Court. *Id*.

On appeal, Farm Bureau argued that MCL 500.3173a(2) plainly indicates that the plaintiff was ineligible to receive ***any*** No-Fault benefits as a result of the forged signatures and false representation that services were performed by the provider. *Id*. at 778. This Honorable Court agreed with Farm Bureau and noted that, in order to qualify as part of a fraudulent insurance act, "***the false statement merely must have been presented 'as part of or in support of a claim for payment or another benefit."*** *Id*. at 784. As such, a person commits a fraudulent insurance act under the statute when the claimant (1) presents or causes to be presented an oral or written statement; (2) which is part of or in support of the claim for No-Fault benefits; (3) where the claim was submitted to the MAIPF; and (4) the person knows that the statement contained false information; and (5) the statement must have concerned a fact or thing material to the claim. *Id*. at 779-80.

This Honorable Court applied the interpretation of MCL 500.3173a(2) and held that there was no genuine issue of material fact that a fraudulent insurance act was committed when the

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calendars were submitted. The opinion also stated that although the claim was essentially assigned to Farm Bureau it was nonetheless being processed through the MAIPF. *Id*. at 781. This Honorable Court held that *"**[n]o reasonable jury could conclude that plaintiff . . . was not aware that he was submitting false information that was material to his claim for No-Fault benefits.***" *Id*. at 781-82 (emphasis added). Therefore, this Honorable Court concluded that Farm Bureau's Motion for Summary Disposition should have been granted as plaintiff was ineligible to recover ***any*** No-Fault benefits through the MAIPF or its servicing insurer pursuant to MCL 500.3173a(2).

An unpublished *per curiam* opinion in *Farrell v Farm Bureau Insurance*, No. 335979, 2017 WL 5759800, (Mich Ct App, November 28, 2017) held a plaintiff completely barred from recovering any No-Fault benefits pursuant to MCL 500.3173a(2). (**Exhibit F**). In *Farrell*, the Court of Appeals held that the "***plaintiff's subsequent statements in support of that claim were false and clearly aimed at concealing the fact he was terminated***." This Honorable Court stated that it was clear that the plaintiff made a material misrepresentation regarding his wage loss claim the plaintiff clearly had knowledge that he was terminated at the time of his deposition testimony and further made misrepresentations in his answers to interrogatories to conceal the fact that he was terminated. This Honorable Court completely barred the plaintiff's recovery of any No-Fault benefits pursuant to MCL 500.3173a(2).

Farrell also clarified that the correct standard for analyzing fraud in an assigned claims lawsuit is MCL 500.3173a(2) – which **does not contain an intent element** – and not *Bahri v IDS Property Cas Ins*, 308 Mich App 420; 864 NW2d 609 (2014), the fraud standard under a *policy* lawsuit, which *does* contain an intent element. *Farrell* held that the trial court had erred in ruling that *Bahri* was applicable. This Honorable Court held that *Bahri* was distinguishable from the facts in *Farrell* as the former dealt with the application of a fraud exclusion provision in a No-Fault

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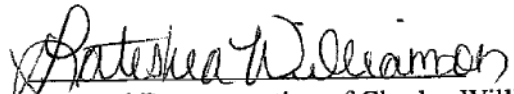
insurance policy. Conversely, the issue in *Farrell* was whether the plaintiff was entitled to recover No-Fault benefits through the MAIPF in light of the fraud provision of MCL 500.3173a(2). In short, this Honorable Court found that trial court had no business applying the fraud standard at play in *Bahri*, a policy lawsuit, to the facts of *Farrell*, an assigned claims lawsuit. This Honorable Court identified and analyzed the language of the fraud provision of MCL 500.3173a(2), the proper standard, and held that *a claimant who submits knowingly false information to the MAIPF in support of a claim for No-Fault benefits is entirely barred from recovery.*

Additionally the Court held that given the two fraud warnings the plaintiff acknowledged on his Application for Benefits, the plaintiff could not claim that he did not read the document and cannot claim ignorance as to the content of the application. The Court reasoned that "Michigan law presumes that one who signs a written agreement knows the nature of the instrument so executed and understands its contents." Galea v FCA US LLC, 323 Mich App 360, 369; 917 NW2d 694 (2018).

In this case, Plaintiff's representative of his estate signed its Answers to Defendant's Interrogatories indicating she read the Answers to Interrogatories and believed them to be true to the best of her knowledge. (**Exhibit A**).

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.



Personal Representative of Charles Williamson

Subscribed and sworn to before me

Id.

She also signed the Application for Benefits indicated she acknowledged the two fraud warnings. There are no questions of fact whether Latshea Williamson knew Plaintiff was deceased when she

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signed the Discovery Responses and Application for Benefits. Thus, Plaintiff knowingly submitted misrepresentations in support of its claim for No-Fault benefits to Defendant. Application of the facts of Plaintiff's misrepresentations to the MAIPF and Defendant demonstrate unequivocally that his estate is barred from receiving No-Fault benefits through an assigned servicing insurer of the MAIPF pursuant to MCL 500.3173a(2).

Conclusion

Plaintiff's Estate made misrepresentations in support of his claim for No-Fault benefits, which renders it in violation of MCL 500.3173a2 and bars it from collecting No-Fault benefits. No genuine issues of material fact exist—Plaintiff was deceased when his estate submitted the Application for Benefits and Answers to Defendant's Interrogatories and the estate knew this fact. Despite this, Plaintiff provided replacement services and attendant care calendars after Plaintiff was deceased.

WHEREFORE, Defendant, AAA of Michigan, respectfully requests that this Honorable Court grant Defendant's Motion for Summary Disposition pursuant to MCR 2.116(C)(10) and enter an Order dismissing Plaintiff's case with prejudice. Moreover, Defendant is entitled to reasonable costs and attorney fees incurred in having to defend this action under MCR 2.114(D), (E), and (F).

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Respectfully submitted,

ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.

Date: November 12, 2020

By: /s/ Rita Arabo

Rita Arabo (P75183)
Attorney for Defendant
1750 South Telegraph Road, Suite 306
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(248) 338-2290

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EXHIBIT A

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

CHARLES WILLIAMSON,

Plaintiff,

vs.

AUTO CLUB OF MICHIGAN
and AAA-MICHIGAN,

Defendants.

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

CHARLES WILLIAMSON ANSWER TO DEFENDANT'S FIRST

INTERROGATORIES PLAINTIFF

Background

1. Please state:

a Your name, and if you have ever used or been known by any other name, please state such other name;

b. Your present address and state of residency;

c. Each of your former addresses for the past ten years, together with the dates when you lived at each address;

d. Your date and place of birth;

e. Your social security number.

ANSWER:
CHARLES WILLIAMSON, 19771 Forrer, Detroit, MI 48235, 1/22/59,368-76-4517

a. The total period of disability for which you claim these benefits, e.g., 1/1/90 to 2/1/90;
b. The total amount of wage loss no-fault benefits you claim to the date that you answer these Interrogatories;
c. On what daily, weekly, or monthly wage loss rate is your claim based.

ANSWER:

Allowable Expenses

26. Please state whether or not you have suffered any additional financial losses as a result of the incident complained of, other than those covered by the preceding Interrogatories; if so, please state the following:

a. The nature and the amount of such losses;
b. The date(s) thereof;
c. The names and addresses of any person(s) to whom any money so claimed as additional loss is paid or owing.

ANSWER:

27. Do you claim allowable medical expense no-fault benefits pursuant to MCL §500.3107(a) in this lawsuit?

ANSWER:

28. If your answer to Interrogatory 27 is yes, please provide the following information as to each doctor, hospital or person who has rendered medical services to you and list separately each medical expense claimed:

a. The name of the doctor, hospital or person rendering the medical service;
b. The total amount of medical expense benefits claimed for each doctor, hospital, etc.;
c. Dates of treatment;

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d. Does any portion of these expenses relate to an injury or condition which is not related to this accident? If yes, please explain;

e. Have you submitted the bill for which medical expense benefits are claimed to the Defendant? If yes, on what date was each bill supplied to the Defendant.

ANSWER:

See Defendant's no-fault claim file

29. Have any medical bills for which you claim allowable expense benefits been paid by anyone? If yes, please provide the following information as to each bill:

a. Which medical bills have been paid at the present time;

b. By whom have the medical bills been paid.

ANSWER:

30. Do you claim any loss of services no-fault benefits in this lawsuit?

ANSWER:

31. If your answer to Interrogatory 30 is yes, please provide the following information as to each person who has provided to you such services:

a. The name, address and phone number of each person who has provided such services;

b. The date or dates upon which said services were provided;

c. Specify the services performed on each date;

d. The amount of loss of services benefit you claim in regard to each person;

e. The amount of money which you have paid to each person in regard to said services;

f. The form of payment to each person, i.e., cash or check or by some other means;

g. Do any documents exist in support of this claim? If yes, please describe and attach a copy of all such documents.

ANSWER:

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a-g Lirrice Brown. See attached services forms

Medical Treatment

32. Please list the name and address of each medical doctor whose care you are presently under.

ANSWER:

None deceased

33. As to each doctor listed in your answer to Interrogatory 32, please provide the following information from the date of the accident (or the date that medical expense benefits were discontinued) to the present date:

a. Each office visit you have made to said doctor since that date;
b. Has this doctor specifically told you that you cannot return to work at the present time? If yes, the date you were so informed;
c. Has this doctor told you that you will be able to return to work at some time in the future? If so, on what date did said doctor tell you that you will be able to return to work;
d. Have you or your attorney supplied proof of disability from the accident to this Defendant for any period of disability claimed? If yes, please attach a copy of proof of said disability hereto and note date it was supplied to this Defendant and the name and address of person to whom it was sent.

ANSWER:

n/a

34. Please list all doctors or other medical personnel upon whom you will rely at trial to support any claim that you were disabled after the date of accident (Or date wage loss benefits were discontinued if later) and as to each person, indicate the specific time period for which they will support your allegations of disability.

a. Please list any other witnesses upon whom you will rely at trial to support any claim that you were disabled after said accident date; and as to each person, indicate

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All records listed in answer to 54 plus the claim file and deposition transcript.

Attendant Care

57. Do you claim benefits for attendant care or nursing services in this lawsuit pursuant to MCL §500.3107(1)(a)? If so, please confirm what is the total amount of unpaid attendant care services claimed through the date you answer these Interrogatories.

ANSWER:

Yes. See attached

58. If you claim attendant care services pursuant to MCL §500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

ANSWER:

See attached

59. If you claim attendant care services pursuant to MCL §500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

$14.00

60. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;

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c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

See attached

61. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Hours performed times $14.00 an hour

62. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she claims in the case at bar.

ANSWER:

Pursuant to the doctor's orders

63. If you claim attendant care services pursuant to MCL §500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

See answer to number 54

64. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), how many hours per day does Plaintiff claim to need attendant care services and for which inclusive dates? Where different numbers of hours were needed during different time frames, please break down your answer in that regard.

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ANSWER:

See attached forms

65. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), what hourly rate does Plaintiff claim for attendant care services? What is the basis of that hourly rate? Does Plaintiff claim different attendant care service rates at different periods of time? If yes, please explain what different rates are being applied and the basis for the different rates.

ANSWER:

Asked and answered.

66. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the following information separately regarding any and all persons who have provided Plaintiff with attendant care services since his/her accident:

a. Complete name and inclusive time frames when they provided attendant care;
b. Present address and phone number;
c. Date of birth;
d. Social Security number;
e. Driver's license number;
f. Address at the time when they were performing said attendant care.

ANSWER:

Asked and answered.

67. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please provide the calculation and method of calculation of the attendant care services being claimed in the case at bar.

ANSWER:

Asked and answered.

68. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please explain, in detail, why Plaintiff claims the number of hours of attendant care per day that he/she

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claims in the case at bar.

ANSWER:

Asked and answered.

69. If you claim attendant care services pursuant to MCLA 500.3107(1)(a), please identify by name and address all doctors or medical experts who support the contention that Plaintiff previously required, or now requires, attendant care.

ANSWER:

Asked and answered.

Public Media

70. Please provide:

a. Your current email address;
b. Any and all former email addresses you have used for the past 3 years;
c. Any and all websites you maintain and/or domain names registered to you.

ANSWER:

unknown

71. Do you participate in any social or professional networking, blogging or Journaling website? Examples include but are not limited to: Face book, MySpace, LinkedIn, Webkinz, Classmates.com, Twitter, Friendster, and Blogger.com.

ANSWER:

no

72. If your answer to the previous interrogatory is yes, please provide a complete list of the website you use, and also provide:

a. Any and all names, user ID's, user names or email address for social and/or

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professional networking sites or blogs;

b. Please state which user name corresponds to which website;

c. How long you have used said website and/or blog;

d. The last date you logged into and/or updated said website;

ANSWER:

none

73. Please identify the owner of the vehicle you occupied at the time of the accident by name, address, phone number and relationship to you, if any.

a. Pursuant to MCR 2.310, please attach copies of each and every document or thing which supports your identification of the owner.

ANSWER:

See police report

74. Please provide the cell phone number and provider for your mobile communication equipment which was in effect on the date of the accident, and 30 days after the accident date.

ANSWER:
313-808-8611
Metro PCS

Medicaid/Medicare

75. Does Plaintiff qualify for Medicare/Medicaid benefits?

ANSWER:

yes

76. If so, has Plaintiff received Medicare/Medicaid benefits at any time since the incident at issue in this case? If yes, then state:

a. When Plaintiff and/or Medicare/Medicaid recipient first began to receive Medicare/Medicaid benefits;

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b. Is there a lien for the benefits received on Plaintiff and/or Medicare/Medicaid recipient's claim in this case;

c. Has this lawsuit been reported to the COBC;

d. Have you requested and/or received a Conditional Payment Letter?

   i. If a Conditional Payment Letter has been received, attach a copy of the letter to these Interrogatories pursuant to MCR 2.310.

   ii. What is the last treatment date for the claims included within the Conditional Payment Letter?

   iii. Are any charges included within the Conditional Payment Letter/Lien disputed? If so, please state:

      1. The amount of the disputed claims.
      2. The date of the disputed claims.
      3. The name and contact information for the treater whose claim is disputed.
      4. State with specificity, the reason that the claim is being disputed by Plaintiff and/or Medicare/Medicaid recipient;
      5. Whether any decision has been issued by Medicare/Medicaid regarding the disputed claim.

e. Has Plaintiff and/or Medicare/Medicaid recipient had any treatment since the Conditional Payment Letter was issued? If so, state:

   i. The date of said treatment;

   ii. Where this treatment was provided;

   iii. The name and contact information of the person and/or entity providing said treatment;

   iv. State with specificity, the nature of the treatment provided;

   v. Were there any costs associated with said treatment? If so, state:

      1. The total cost of said treatment;
      2. Who paid for the cost of this treatment;
      3. Attach a copy of the bills for said treatment pursuant to MCR 2.310.

ANSWER:

Asked and answered.

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77. For the purposes of allowing Defendant to provide notice to CMMS, state:

a. Plaintiff and/or Medicare/Medicaid recipient's social security number;
b. Plaintiff and/or Medicare/Medicaid recipient's HICN Number;
c. Plaintiff and/or Medicare/Medicaid recipient's full name;
d. Whether Plaintiff and/or Medicare/Medicaid recipient's ever sought Medicare/Medicaid benefits under any other name. If so, please state each name under which benefits were sought and/or received;
e. Plaintiff and/or Medicare/Medicaid recipient's date of birth;
f. The date of the alleged incident giving rise to this Complaint;
g. The alleged cause of injury, accident or illness;
h. ICD-9 Diagnosis Code numbers (1) through (19), if applicable;
i. Plaintiff and/or Medicare/Medicaid recipient's attorney's law firm tax ID number.

ANSWER:
Asked and answered.

RECEIVED by MSC 8/16/2023 1:31:57 PM
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78. Does the Plaintiff agree to voluntarily supplement Plaintiff's Answers to these Interrogatories as Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company become aware that the answers to each question set forth above either changes or if additional information is obtained by Plaintiff, Plaintiff's agents, representatives, attorneys, investigators or insurance company.

ANSWER:

yes

STATE OF MICHIGAN)
)
COUNTY OF Oakland)

I have read the foregoing Answers to Interrogatories, and believe the same to be true to the best of my knowledge, information and belief.

Personal Representative of Charles Williamson

Subscribed and sworn to before me
this ____ day of _____, 2019.

_____
Notary Public

County of
State of Michigan
My commission expires:

Date: February 10, 2020

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4/10457 6/ Date of Loss: 10/13/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
(b.) General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
(e.) Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
(i.) Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2018

Date 1 Hours:	Date 2 Hours:	Date 3 Hours:	Date 4 Hours:	Date 5 Hours:	Date 6 Hours:	Date 7 Hours:
Date 8 Hours:	Date 9 Hours:	Date 10 Hours:	Date 11 Hours:	Date 12 Hours:	Date 13 Hours:	Date 14 Hours:
Date 15 Hours:	Date 16 Hours:	Date 17 Hours:	Date 18 Hours:	Date 19 Hours:	Date 20 Hours:	Date 21 Hours:
Date 22 Hours:	Date 23 Hours:	Date 24 B, E, I Hours: 16	Date 25 B E I Hours: 16	Date 26 B E I Hours: 16	Date 27 B E I Hours: 16	Date 28 B E I Hours: 16
Date 29 B E I Hours: 16	Date 30 B E I Hours: 16	Date 31 B E I Hours: 16				

Signature: [signature] Date: 12/31/18

Total Hours: 128

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: January Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: Lirrice D Brown Date: 1/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrica Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: February Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 Hours:	Date 30 Hours:	Date 31 Hours:				

Signature: [signature] Date: 2/28/19

Total Hours: 448

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: March Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: X Lirrice D Brown Date: 3/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 40104S101 Date of Loss: 10/31/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: April Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 4/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: May Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 5/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: June Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 6/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451.101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: July Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 7/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: August Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 8/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: September Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: [signature] Date: 9/30/19

Total Hours: 480

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045161 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: October Year: 2019

Date 1 BEI Hours: 16	Date 2 BEI Hours: 16	Date 3 BEI Hours: 16	Date 4 BEI Hours: 16	Date 5 BEI Hours: 16	Date 6 BEI Hours: 16	Date 7 BEI Hours: 16
Date 8 BEI Hours: 16	Date 9 BEI Hours: 16	Date 10 BEI Hours: 16	Date 11 BEI Hours: 16	Date 12 BEI Hours: 16	Date 13 BEI Hours: 16	Date 14 BEI Hours: 16
Date 15 BEI Hours: 16	Date 16 BEI Hours: 16	Date 17 BEI Hours: 16	Date 18 BEI Hours: 16	Date 19 BEI Hours: 16	Date 20 BEI Hours: 16	Date 21 BEI Hours: 16
Date 22 BEI Hours: 16	Date 23 BEI Hours: 16	Date 24 BEI Hours: 16	Date 25 BEI Hours: 16	Date 26 BEI Hours: 16	Date 27 BEI Hours: 16	Date 28 BEI Hours: 16
Date 29 BEI Hours: 16	Date 30 BEI Hours: 16	Date 31 BEI Hours: 16				

Signature: [signature] Date: 10/31/19

Total Hours: 496

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ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 401045101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (___) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: November Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 Hours:				

Signature: X [signature] Date: 11/30/19

Total Hours: 480

ATTENDANT CARE FORM

Injured Name: Charles Williamson

Claim Number: 4010451101 Date of Loss: 10/30/2018

Service Provider's Name: Lirrice Brown

Service Provider's Address: _____

Telephone Number: (_____) _____ Social Security Number: _____

Describe specifically what services were provided and time required per day to perform the tasks:

a. Therapy Program
b. General Supervision
c. Assist to Bathroom/Elimination
d. Driving to doctor appointment
e. Administering Medications
f. Assist with Hygiene/Bathing/AM care
g. Change Bandages
h. Physical Therapy
i. Night Assistance/Bathroom, turning, etc.
j. Other (describe) _____

Indicate on the following calendar what services (by letter from the above chart) were performed on which dates and time required:

Month: December Year: 2019

Date 1 BE1 Hours: 16	Date 2 BE1 Hours: 16	Date 3 BE1 Hours: 16	Date 4 BE1 Hours: 16	Date 5 BE1 Hours: 16	Date 6 BE1 Hours: 16	Date 7 BE1 Hours: 16
Date 8 BE1 Hours: 16	Date 9 BE1 Hours: 16	Date 10 BE1 Hours: 16	Date 11 BE1 Hours: 16	Date 12 BE1 Hours: 16	Date 13 BE1 Hours: 16	Date 14 BE1 Hours: 16
Date 15 BE1 Hours: 16	Date 16 BE1 Hours: 16	Date 17 BE1 Hours: 16	Date 18 BE1 Hours: 16	Date 19 BE1 Hours: 16	Date 20 BE1 Hours: 16	Date 21 BE1 Hours: 16
Date 22 BE1 Hours: 16	Date 23 BE1 Hours: 16	Date 24 BE1 Hours: 16	Date 25 BE1 Hours: 16	Date 26 BE1 Hours: 16	Date 27 BE1 Hours: 16	Date 28 BE1 Hours: 16
Date 29 BE1 Hours: 16	Date 30 BE1 Hours: 16	Date 31 BE1 Hours: 16				

Signature: [signature] Date: 12/31/19

Total Hours: 496

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401045161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

1/31/2019
DATE

Eunice D Brown
SIGNATURE OF CARE GIVER

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RECEIVED by MCOA 12/16/2021 4:10:37 PM

REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010f31601

2) The following household/replacement services have been provided for: Chanel Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

2/28/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4W104551601

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

3/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

4/21/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010ft5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Eunice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

5/21/19
DATE

X Eunice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010FB1101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	____ Driving	____ Watching children
✓ Doing Laundry	____ Gardening	____ Bathing children
____ Cleaning house	____ Mowing the grass	____ Activities with children
____ Washing windows	✓ Taking out garbage	____ Anything requiring bending
____ Grocery shopping	____ Shoveling snow	____ Anything requiring lifting
✓ Lifting & carrying groceries	____ Household repairs	____ Caring for pets

5) I affirm that this document is true and accurate.

6/30/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

7/31/19
DATE

Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4000451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

8/31/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 401024516 01

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Livrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

9/20/19
DATE

X Livrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010751161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Linice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

10/31/19
DATE

X Linice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010H5161

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

11/20/19
DATE

X Lirrice D Brown
SIGNATURE OF CARE GIVER

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REPLACEMENT SERVICES FORM

1) Claim # of Injured Person: 4010451101

2) The following household/replacement services have been provided for: Charles Williamson

3) Name of Person Performing the Services: Lirrice Brown

a) Address of the Care Giver: _____

b) Social Security Number of Care Giver: _____

c) Relationship to Injured person: _____

4) These services were performed 7 days per week.

Please check each service that applies:

✓ Preparing meals	___ Driving	___ Watching children
✓ Doing Laundry	___ Gardening	___ Bathing children
___ Cleaning house	___ Mowing the grass	___ Activities with children
___ Washing windows	✓ Taking out garbage	___ Anything requiring bending
___ Grocery shopping	___ Shoveling snow	___ Anything requiring lifting
✓ Lifting & carrying groceries	___ Household repairs	___ Caring for pets

5) I affirm that this document is true and accurate.

12/31/19
DATE

Lirrice D Brown
SIGNATURE OF CARE GIVER

EXHIBIT B

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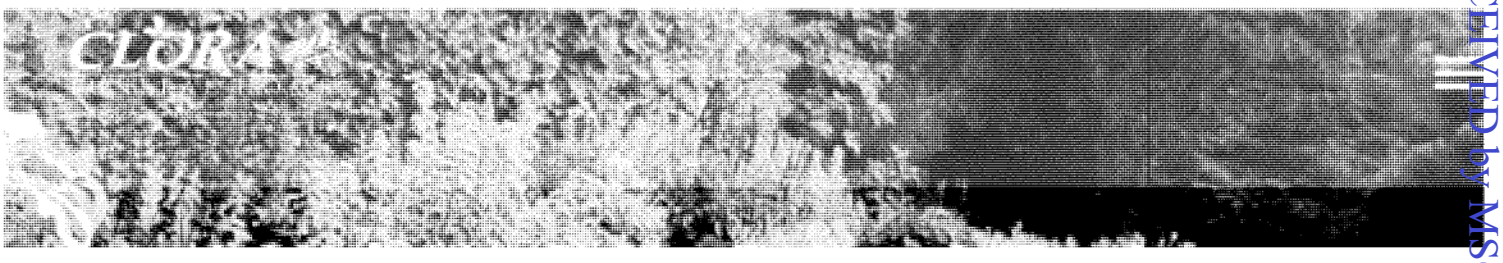
Detroit East: (313) 368-0100 River Rouge: (313) 843-0100 Detroit West: (313) 914-3334



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MR. CHARLES WILLIAMSON

January 22, 1959 - October 23, 2019

Login

PRINT

The family of MR. CHARLES WILLIAMSON created this Life Tributes page to make it easy to share your memories.

Send Beautiful Flowers

Share a Memory

Share

Obituary & Service	Share a Memory Below	Flowers & Gifts
No obituary.	A comforting word from you means a lot.	Send flowers to the WILLIAMSON's family.
View More	Share a Memory	Send Flowers

Tribute Wall | Photos & Videos | **Family Dates** | + More

Birthdays

CHARLES WILLIAMSON	Jan 22, 1959 - Oct 23, 2019	60 years

Anniversaries

No anniversaries yet.

You can contribute with this family by adding members and growing this family tree.

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EXHIBIT C

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2019 WL 137150
Only the Westlaw citation is currently available.

UNPUBLISHED OPINION. CHECK COURT RULES BEFORE CITING.

UNPUBLISHED
Court of Appeals of Michigan.

Emmanuel MCCUNE, Jr., Plaintiff-Appellant,
and
Northland Radiology, Inc., Excellent Pain Consultants, Inc., and Evoke Medical Services, Inc., Intervening Plaintiffs,
v.
ALLSTATE INSURANCE COMPANY, Defendant-Appellee.

No. 340476
|
January 8, 2019

Wayne Circuit Court, LC No. 16-006823-NF

Before: Murray, C.J., and Shapiro and Riordan, JJ.

Opinion

Per Curiam.

***1** In this action for personal protection insurance (PIP) benefits under the no-fault act, MCL 500.3101 *et seq.*, plaintiff[1] appeals as of right the trial court's orders granting defendant's motion for summary disposition, and denying his motion for reconsideration. We affirm.

I. FACTS AND PROCEDURAL HISTORY

On November 4, 2015,[2] plaintiff was hit by a vehicle while riding his bicycle. As plaintiff had no automobile insurance and could not identify the driver of the vehicle, he filed an application for PIP benefits with the Michigan Automobile Insurance Placement Facility (MAIPF) on November 30, 2015, and his claim was assigned to defendant through the Michigan Assigned Claims Plan (MACP). When defendant refused to pay the benefits requested, plaintiff filed the instant action on May 31, 2016, claiming that he suffered bodily injury in the November 2015 accident and was entitled to payment for all necessary medical and hospital expenses.

Defendant subsequently moved for summary disposition of plaintiff's complaint pursuant to MCR 2.116(C)(10), asserting that plaintiff was ineligible for benefits under MCL 500.3173a, the no-fault provision that governs claims made to the MAIPF, because he committed multiple fraudulent insurance acts in support of his claim. In response, plaintiff argued that to be successful on its motion for summary disposition, defendant had to demonstrate both knowledge and an intent to defraud, which it failed to do. Specifically, he asserted that the inconsistencies alleged were minor and immaterial to his claim for benefits, and that defendant did not detrimentally rely on the inconsistent statements. Ultimately, the trial court granted defendant's motion for summary disposition and dismissed plaintiff's complaint, determining that he committed multiple fraudulent insurance acts contrary to MCL 500.3173a(2) because it was undisputed that: (1) he failed to disclose preexisting injuries from a prior bus accident in his application for benefits, (2) his description of the November 2015 accident to his doctor and at his deposition did not comport with the EMS and traffic crash reports, or the testimony of his caretaker, (3) Facebook posts contradicted the disabilities he allegedly faced as a result of the injuries sustained in the accident, and (4) he provided an incorrect home address at his deposition. Plaintiff then filed a motion for reconsideration, which the trial court also denied.

II. ANALYSIS

"We review a trial court's decision on a motion for summary disposition under MCR 2.116(C)(10) de novo." *Candler v. Farm Bureau Mut Ins. Co. of Mich.*, 321 Mich. App. 772, 777; 910 N.W.2d 666 (2017). A motion under MCR 2.116(C)(10) tests the factual sufficiency of a complaint. *Id.* "In evaluating a motion for summary disposition brought under this subsection, a trial court considers affidavits, pleadings, depositions, and admissions, and other evidence submitted by the parties in the light most favorable to the party opposing the motion." *Id.* (quotation marks and citations omitted). " 'The moving party has the initial burden of supporting its position with documentary evidence, but once the moving party meets its burden, the burden shifts to the nonmoving party to establish that a genuine issue of disputed fact exists.' " *McNeill-Marks v. MidMichigan Med. Ctr.-Gratiot*,

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316 Mich. App. 1, 15; 891 N.W.2d 528 (2016) (citation omitted); see also MCR 2.116(G)(4). "A genuine issue of material fact exists when, viewing the evidence in a light most favorable to the nonmoving party, the record which might be developed ... would leave open an issue upon which reasonable minds might differ." *Bonner v. City of Brighton*, 495 Mich. 209, 220; 848 N.W.2d 380 (2014) (quotation marks and citation omitted). Questions of statutory interpretation are also reviewed de novo. *Candler*, 321 Mich. App. at 777.

***2** We hold that the trial court did not err when it granted defendant's motion for summary disposition. From the evidence presented, no reasonable jury could conclude that the inaccurate and inconsistent statements plaintiff made in support of his claim for benefits amounted to anything other than fraudulent insurance acts under MCL 500.3173a(2).[3]

MCL 500.3173a provides:

> (1) The [MAIPF] shall make an initial determination of a claimant's eligibility for benefits under the assigned claims plan and shall deny an obviously ineligible claim. The claimant shall be notified promptly in writing of the denial and the reasons for the denial.
>
> (2) A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the [MAIPF] for payment or another benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under [MCL 500.4503] that is subject to the penalties imposed under [MCL 500.4511]. A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the assigned claims plan.

Although the plain language of MCL 500.3173a contains no element of intent, plaintiff cites the statute's reference to MCL 500.4503, as well as the elements of fraud as set forth in *Foreman v. Foreman*, 266 Mich. App. 132, 141; 701 N.W.2d 167 (2005),[4] to argue that defendant had to demonstrate both knowledge and an intent to defraud for his claim of benefits to be ineligible under MCL 500.3173a(2). MCL 500.4503 lists acts which, if performed with knowledge and the intent to defraud, constitute fraudulent insurance acts.[5] However, this element of intent is not incorporated into MCL 500.3173a simply by virtue of the statute's reference to MCL 500.4503. Rather, MCL 500.3173a(2) only references MCL 500.4503 to indicate that an individual may also commit a fraudulent insurance act if he or she fulfills the requirements stated, i.e., presents a statement in support of a claim to the MAIPF knowing the statement contains false information material to the claim. The plain language of MCL 500.4503 supports this conclusion, as it explicitly states that "[a] fraudulent insurance act includes, but is not limited to" those acts mentioned in the statute. Additionally, the elements of fraud as set forth in *Foreman*, 266 Mich. App. at 141, are inapplicable here. That case involved fraudulent misrepresentation in a divorce action, *id.* at 134, not a fraudulent insurance act under MCL 500.3173a(2).

***3** Indeed, this Court recently clarified that a person commits a fraudulent insurance act under MCL 500.3173a(2)

> when (1) the person presents or causes to be presented an oral or written statement, (2) the statement is part of or in support of a claim for no-fault benefits, and (3) the claim for benefits was submitted to the MAIPF. Further, (4) the person must have known that the statement contained false information, and (5) the statement concerned a fact or thing material to the claim. [*Candler*, 321 Mich. App. at 779-780.]

Additionally, "MCL 500.3173a(2) does not require that any particular recipient have received the false statement in order for the act to qualify as a fraudulent insurance act, as long as the statement was used 'as part of or in support of a claim to the [MAIPF].' " *Id.* at 780 (alteration in original).

The evidence defendant presented with its motion for summary disposition demonstrates that plaintiff made multiple statements that he knew contained false information in support of his claim for PIP benefits. First, plaintiff knowingly misrepresented the circumstances of the November 2015 accident itself. At his deposition, plaintiff testified that he never saw the vehicle involved, lost consciousness when struck, and remained on the ground until the ambulance arrived at the scene.[6] Similarly, according to the consultation notes of the doctor from whom plaintiff sought treatment after the accident, plaintiff indicated that he lost consciousness and awoke in the hospital. Yet the EMS and State of Michigan traffic crash reports, as well as the testimony of William Thomas, plaintiff's supposed caregiver, directly contradict plaintiff's statements. The EMS report, for example, states that plaintiff walked home following the accident and dialed 911 from his residence, while the traffic crash report provides that plaintiff walked home from the accident where he was met by medics, and was able to

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describe the vehicle that struck him. Further, Thomas testified at his deposition that he lived with plaintiff in November 2015, and that on the day of the accident, he was sitting on the porch when plaintiff came down the street limping. It was Thomas's stepdaughter that dialed 911.

Plaintiff asserts that he just could not remember where EMS picked him up and, thus, "the Trial Court erred in simply concluding that this was evidence that [he] was being dishonest instead of recognizing that there was a question of fact." But on the basis of the evidence described above, no reasonable jury could conclude that plaintiff was simply mistaken regarding his actions after the accident. He clearly stated, to his doctor and at his deposition, that he was knocked unconscious and unable to walk home after the accident, when the reports and witness testimony indicate the opposite. Nor do we find merit in plaintiff's argument that the EMS pick-up location is immaterial to his claim for benefits. His false statements relate not just to the location of the ambulance, but to the severity of the accident and the injuries he suffered as a result, facts which are essential to the investigation of any claim of benefits and to a determination regarding the probity of any medical expenses requested. See *Bahri v. IDS Prop. Cas. Ins. Co.*, 308 Mich. App. 420, 425; 864 N.W.2d 609 (2014) ("A statement is material if it is reasonably relevant to the insurer's investigation of a claim.") (quotation marks and citation omitted).[7]

***4** Similarly, plaintiff knowingly omitted information regarding preexisting injuries in his application for benefits, which may have impeded defendant's investigation of plaintiff's claim. In plaintiff's application for benefits to the MACP, he checked the box "Not Applicable" in response to the question "Had you sought treatment for any prior conditions before this accident?" However, at his deposition, plaintiff acknowledged injuring his back and right leg in March 2014, when a bus he was riding on "smacked into" something.

Plaintiff argues that the failure to acknowledge his injuries from the March 2014 bus accident in his application for benefits was a simple mistake, but the evidence presented overwhelmingly supported the trial court's finding that he knowingly excluded this information. Medical records from 2014 attached to defendant's motion for summary disposition show that plaintiff sought substantial treatment for these injuries. And plaintiff filed for Social Security Disability as a result of his injuries.[8] Thus, the evidence demonstrates that the prior accident greatly impacted plaintiff's life, and no reasonable jury could conclude that it was mistakenly excluded from his application for benefits. Moreover, the information was material to plaintiff's claim for benefits, especially considering that he suffered back injuries in both accidents.

Plaintiff's argument that defendant could not have detrimentally relied on his inaccurate statement in the application for benefits because he disclosed the 2014 accident throughout discovery, also fails. MCL 500.3173a(2) does not require that an insurance provider detrimentally rely on a claimant's false statements. See *Candler*, 321 Mich. App. at 779-780.

Because we have concluded that plaintiff's misrepresentations regarding the circumstances of the accident and his preexisting injuries constitute fraudulent insurance acts, and no reasonable jury could conclude otherwise, we need not address the trial court's conclusions with regard to plaintiff's address or the disabilities he allegedly suffered as a result of the November 2015 accident. Plaintiff is ineligible for benefits under MCL 500.3173a, and the trial court properly granted summary disposition. Affirmed.

Shapiro, J. (concurring).

I concur in the result because the evidence leaves no doubt that plaintiff did not inform defendant of his 2014 auto accident and injuries resulting from it. Given that he was engaged in litigation regarding the 2014 accident at the time he made the instant claim and has not proffered *any* reason for the failure to disclose it, I conclude that a reasonable jury would have to find that plaintiff made an intentional misrepresentation. In other words, there is unrebutted evidence that plaintiff knowingly, i.e., intentionally, failed to provide requested information of his prior accident and the corresponding injuries.

I disagree, however, with several aspects of the majority opinion. The majority largely focuses on differences between plaintiff's deposition testimony and the crash and EMS reports. Specifically, there was a discrepancy between the testimony and the reports as to where the ambulance picked plaintiff up. Yet this is of little, if any, material consequence and there is no evidence that plaintiff's statement was made with intent to defraud rather than due to confusion or lack of memory following a traumatic event. The same can be said about the other inconsistences pertaining to details of the accident. The purpose of the statute excluding coverage when there is fraud is to prevent and punish real fraud, not

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to create a "gotcha" situation by which an insurer can avoid coverage simply by producing some evidence of a possible misstatement by a claimant who had no fraudulent intent; it certainly was not intended to allow insurers to monitor every action and word of an insured and then to proclaim the existence of fraud where any inconsistency is found.

Nor do I find that plaintiff's social media postings demonstrate, at least beyond a question of fact, that he was engaged in any other material misrepresentations. For instance, a video shows plaintiff walking for a very few minutes, which he has never claimed he cannot do. Only plaintiff's face is visible and there is no evidence of his gait or the presence or absence of a cane or brace. And plaintiff testified that he does not always use such devices. For those reasons, the video is not evidence, let alone conclusive evidence, that plaintiff misrepresented his condition.

Defendant also points to plaintiff's statement in a social media posting that he received a raise. However, there is no information about the nature of that work, e.g., whether it was physically demanding, the hours involved, etc. More to the point, plaintiff has not made a wage-loss claim. Plaintiff also posted a photograph of some equipment with a comment that he is at "the gym." This is not conclusive evidence of anything. Plaintiff explained that the location was his physical therapy clinic and, in any event, going to a gym does not demonstrate a lack of injury.

I also disagree with the majority's view that fraudulent intent need not be shown. The requirements to prove fraud are well settled and have been applied in cases of all types for decades. See e.g., *Hi-Way Motor Co. v. Int'l. Harvester Co.*, 398 Mich. 330, 336; 247 N.W.2d 813 (1976). I see no basis to conclude that these standards should not be applied in this or any no-fault case. Further, MCL 500.3173a should be read together with MCL 500.4503 given that they relate to the same subject matter, *SBC Health Midwest, Inc. v. Kentwood*, 500 Mich. 65, 539 n 26; 894 N.W.2d 535 (2017), and that the former expressly refers to the latter, see *McCahan v. Brennan*, 492 Mich. 730, 741-742; 822 N.W.2d 747 (2012). Moreover, the terms of MCL 500.3173a require that the claimant knowingly made a false statement material to the claim. I do not see how this is distinct from the scienter requirement that has always been required to show fraud. Under the majority's view, a mere misstatement can result in denial of PIP benefits even if there is no dispute that the individual was injured in a motor-vehicle accident and received reasonably necessary care and treatment. Such a harsh interpretation of the statute clearly runs against the text and purpose of the no-fault act. See *Iqbal v. Bristol West Ins. Group*, 278 Mich. App. 31, 37; 748 N.W.2d 574 (2008) ("The purpose of the Michigan no-fault act is to broadly provide coverage for those injured in motor vehicle accidents without regard to fault.").

As alluded to above, the majority appears to suggest that even if there is a question of material fact, defendant is entitled to summary disposition because it has some evidence to support its position. The majority barely touches upon plaintiff's evidence—which includes his own testimony—and dismisses that evidence based on its view that defendant has stronger evidence. However, weighing the comparative strength of each side's evidence is plainly inconsistent with court rules. It is axiomatic that when deciding a motion for summary disposition, a court must consider the pleadings, affidavits, depositions, admissions and other documentary evidence submitted in the light most favorable to the *nonmoving* party, MCR 2.116(G)(5); *Joseph v. Auto Club Ins. Ass'n.*, 491 Mich. 200, 206; 815 N.W.2d 412 (2012), and that all reasonable inferences are to be drawn in favor of the *nonmovant*, *Dextrom v. Wexford Co.*, 287 Mich. App. 406, 415; 789 N.W.2d 211 (2010).

I agree with the majority that plaintiff's failure to disclose the 2014 accident and injuries constitutes an intentional misrepresentation. However, I would conclude that the remaining evidence presents a question of fact as to whether plaintiff committed fraud.

All Citations

Not Reported in N.W. Rptr., 2019 WL 137150

Footnotes

1 The intervening plaintiffs are not parties to this appeal. We refer to Emmanuel McCune, Jr. only as plaintiff throughout this opinion.

2 Plaintiff's application for PIP benefits lists the accident date as November 6, but his complaint as well as the EMS and State of Michigan traffic crash reports list November 4, 2015.

3 As a result, the trial court also did not abuse its discretion in denying plaintiff's motion for reconsideration.

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4 *Foreman*, 266 Mich. App. at 141 states, "To establish a claim of fraudulent misrepresentation, plaintiff was required to prove that: (1) defendant made a material representation; (2) the representation was false; (3) defendant knew, or should have known, that the representation was false when making it; (4) defendant made the representation with the intent that plaintiff rely on it; (5) and plaintiff acted on the representation, incurring damages as a result."

5 For example, MCL 500.4503(a) provides:
A fraudulent insurance act includes, but is not limited to, acts or omissions committed by any person who knowingly, and with an intent to injure, defraud, or deceive:
(a) Presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer or any agent of an insurer, or any agent of an insurer, reinsurer, or broker any oral or written statement knowing that the statement contains any false information concerning any fact material to an application for the issuance of an insurance policy.

6 Further, when asked if EMS definitely picked him up from the scene, plaintiff said, "I think so," and when asked if he was unable to walk home after the accident, plaintiff said, "I think, yes."

7 We recognize that *Bahri* involved a claim for benefits under an insurance policy containing a fraud exclusion provision, *Bahri*, 308 Mich. App. at 423-426, and not a claim for benefits to the MAIPF under MCL 500.3173a, but see no reason why the *Bahri* Court's definition of materiality should not apply in this context.

8 Defendant also alleged in its motion for summary disposition that plaintiff was involved in a lawsuit related to the bus accident, which he denied at his deposition, but failed to attach the Register of Actions it included with its brief on appeal to the motion below. However, the trial court found that plaintiff had another lawsuit pending related to the 2014 accident, and plaintiff does not challenge this finding on appeal.

End of Document

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19-014047-NF FILED IN MY OFFICE Cathy M. Garrett WAYNE COUNTY CLERK 4/27/2021 3:34 PM Tara Hickman

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STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

PORSHA WILLIAMSON and,
LATESHEA WILLIAMSON, as
Personal Representatives for the
Estate of Charles Williamson (deceased),

Plaintiff,

vs.

AAA OF MICHIGAN,

Defendant,

Case No.: 19-014047-NF
Hon. Muriel Hughes

Carl L. Collins III (P55982)
LAW OFFICE OF CARL COLLINS III
Attorney for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100
carlcollins3@attycarlcollins.com

Michelle A. Endress (P76457)
ANSELMI MIERZEJEWSKI
RUTH & SOWLE P.C.
Attorney for Defendant
1750 S. Telegraph Road, Suite 306
Bloomfield Hills, MI 48302
(248) 338-2290 / Fax (248) 338-4451
mendress@a-mlaw.com

ORDER GRANTING DEFENDANT'S MOTION FOR SUMMARY DISPOSITION

At a session of said Court, held in the
City of Detroit, County of Wayne, State of Michigan,

on 4/27/2021, 2021.

PRESENT: Muriel D. Hughes
Circuit Court Judge

This matter having come before on Defendant's Motion for Summary Disposition, briefs being submitted, oral argument being held, and the Court being more fully advised in the premises;

IT IS HEREBY ORDERED that Defendant AAA of Michigan's Motion for Summary Disposition is GRANTED for the reasons set forth on the record.

IT IS FURTHER ORDERED that Plaintiff committed a fraudulent insurance act by

knowingly presenting material misrepresentations in support of its claim for no-fault benefits, and that it is ineligible for payment or benefits pursuant to MCL 500.3173a.

IT IS SO ORDERED.

This is a final Order and does close this case.

/s/ Muriel D. Hughes 4/27/2021

Circuit Court Judge

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Approved, SCAO | Original - Court, 1st copy - Defendant | 2nd copy - Plaintiff, 3rd copy - Return HO

STATE OF MICHIGAN JUDICIAL DISTRICT 50th JUDICIAL CIRCUIT COUNTY PROBATE	SUMMONS	CASE NO. 19-014047-NF

Court address
1200 N Telegraph Rd. Pontiac, MI 48341

Court telephone no.
248-858-0582

Plaintiff's name(s), address(es), and telephone no(s).
Charles Williamson

v

Defendant's name(s), address(es), and telephone no(s).
AAA
John Bruno
Secretary and General Counsel
1 Auto Club Drive
Dearborn, MI 48126

Office of General Counsel
OCT 24 2019
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Plaintiff's attorney, bar no., address, and telephone no.
LAW OFFICE OF CARL L. COLLINS III
Carl L. Collins III (P55982)
Attorneys for Plaintiffs
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
855-CAR-HIT-U

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

☐ There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.
☐ There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
☐ It is unknown if there are pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

☐ This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
☐ MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
☑ There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
☐ A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in ☐ this court, ☐ _____ Court, where it was given case number _____ and assigned to Judge _____.

The action ☐ remains ☐ is no longer pending.

Summons section completed by court clerk.

SUMMONS

NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court** (28 days if you were served by mail or you were served outside this state).
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date	Expiration date*	Court clerk

*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

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The Law Office of Carl Collins III, PLLC

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

CHARLES WILLIAMSON
Plaintiff,
v.

Case No. NF
Hon.

AUTO CLUB OF MICHIGAN and
AAA-MICHIGAN,
Defendants,
/

Office of General Counsel

OCT 24 2019

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LAW OFFICE OF CARL L. COLLINS III
Carl L. Collins III (P55982)
Attorneys for Plaintiff
20755 Greenfield Road, Suite 1100
Southfield, MI 48075
(313) 341-4100
/

There are no other pending or resolved civil actions arising out of the transaction or occurrence alleged in the complaint

COMPLAINT

NOW COMES the Plaintiff, CHARLES WILLIAMSON, by and through the Plaintiff's attorneys, LAW OFFICE OF CARL L. COLLINS III, and in the Plaintiff's Complaint against the Defendants, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, states the following:

JURISDICTION AND VENUE

1. This Court has jurisdiction over this action as the amount in controversy, exclusive of interest and costs, exceeds the sum of $25,000.00. MCL 600.605.
2. Venue is proper in this Circuit, pursuant to MCL 600.1621(a), as the Defendants resides or conducts business in Wayne County, in the State of Michigan.
3. The acts by the Defendants that form the basis of this legal action all occurred in Wayne County, in the State of Michigan.

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NOTICE

4. That as a result of the below occurrence CHARLES WILLIAMSON, suffered great physical and emotional injuries, not limited to serious impairment of body function, traumatic brain injury, L2-L3, L3-L4, L4-L5 disc buldge, L4-L5, L5-S1 and L4-L5 damages, right knee tear of the posterior horn, surgical changes, left fracture of the knee, permanent disfigurement, permanent injuries, aggravation of preexisting injuries, physical and emotional, pain and suffering, and mental anguish as a result of being struck by a vehicle on October 30, 2018 at 6:40 p.m. on Greenfield Rd, in the City of Detroit, County of Wayne and State of Michigan as said vehicle operated by FRED WESTBROOK and all witnessed by Marcus Holloway, 20064 Basil, Detroit, Mi, (313) 854-5207.
5. That this serves as notice under MCLA 500.3145 to Defendants AUTO CLUB OF MICHIGAN and AAA-MICHIGAN.
6. That the address of the Plaintiff under this notice shall be the above counsel for the Plaintiff.

COUNT I: BREACH OF CONTRACT

7. The Plaintiff incorporates all paragraphs by reference as though fully set forth herein.
8. That on or about October 30, 2018, CHARLES WILLIAMSON, was insured under the provisions of an automobile insurance policy issued by AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, then in effect in accordance with the provisions of the No-Fault Insurance Act (No-Fault), MCL 500.3101 *et seq.*
9. That pursuant to the No-Fault Act MCL 500.3114, the Defendants are the insurer having the highest order of priority to provide the Plaintiff personal injury protection (PIP) benefits coverage.

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10. That on or about October 30, 2018, upon the accidental injury of the Plaintiff, CHARLES WILLIAMSON, AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, became obligated to provide the Plaintiff personal injury protection (PIP) benefits coverage, including, but not limited to medical bills, attendant care, replacement services and lost wages in accordance with the applicable No-Fault provisions.
11. That the Plaintiff have submitted notice of the Plaintiff's personal injury protection (PIP) benefits claim to AUTO CLUB OF MICHIGAN and AAA-MICHIGAN, has refused and/or ignored same.
12. That the AUTO CLUB OF MICHIGAN and AAA-MICHIGAN,, assigned the Plaintiff a claim number of 401045161 and has failed and/or refused to pay or even acknowledge the Plaintiff's personal injury protection (PIP) benefits claims.
13. That the Defendants have breached the automobile insurance contract and the Defendants' statutory obligation to provide personal injury protection (PIP) benefits coverage to the Plaintiff.
14. That as a result of the Defendants failure and refusal to provide personal injury protection (PIP) benefits; the Plaintiff has sustained financial harm.
15. The Plaintiff requests that this Honorable Court enter an order compelling the Defendants to meet the Defendants' contractual and statutory obligation and award the Plaintiff damages of an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs and any other relief this Honorable Court deems appropriate for the Defendants' unreasonable refusal to pay personal injury protection (PIP) benefits.

COUNT II: DECLARATORY RELIEF

17. The Plaintiff incorporates all paragraphs by reference as though fully set forth herein.

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18. An actual controversy exists between the Plaintiff and the Defendants.

19. That the Court must determine the following:

a. The applicability of the No-Fault Act to the Plaintiff's claim;

b. The amount of wage loss benefits, replacement service expenses, medical expenses, no-fault interest, actual attorney fees or other benefits owed to the Plaintiff;

c. Any coverage or policy disputes between the Plaintiff and the Defendants and

d. Other determinations, orders and judgments necessary to fully adjudicate the rights of the parties.

20. The Plaintiff requests that this Honorable Court enter judgment against the Defendants in an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs, any other relief this Honorable Court deems appropriate, as well as all past, present and future personal injury protection (PIP) insurance benefits so wrongfully denied.

WHEREFORE, the Plaintiff prays that this Honorable Court enter judgment against the Defendants in an amount to exceed the jurisdictional amount of this Court, plus interest, penalty interest, attorney fees, costs and any other relief that this Honorable Court deems appropriate for the Defendants' unreasonable refusal to pay personal injury protection (PIP) benefits.

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Respectfully Submitted,
LAW OFFICE OF CARL L. COLLINS III
By: /s/Carl L. Collins III
Carl L. Collins III (P55982)
Attorneys for Plaintiff

Date: October 21, 2019

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The Law Office of Carl Collins III, PLLC

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Authority: 1949 PA 300, Sec.257.622
Compliance: Required MSP UD-10E
Penalty: $100 and/or 90 days (Rev 01/2016)

External # 1201874 | Crash ID 1520337

Page 01 of 01
File Class

Incident # 1201874

Reviewer ROBERT CRESWELL

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI 8234912

Department Name: Detroit Police Department 12

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
10/30/2018	18:40	02	Single Motor Vehicle	● None ○ Fleeing Police ○ Hit and Run ○ Unknown ○ School Bus ○ Animal	○ Fatal ○ Non-Traffic Area ○ ORV/Snowmobile

County	Traffic Control	Relation to Roadway	Weather	Area
82 - Wayne	None	On the Road	Rain	INTR Within Intersection

City/Twp	Contributing Circumstances 1st	2nd	Light	Road Surface Condition	Total Lanes	Speed Limit	Posted
99 - Detroit	None		Dark-Unlighted	Wet	05	35	Yes

Work Zone (If applicable) Type | Workers Present | Activity | Location

LOCATION

Prefix	Primary Road Name	Road Type	Suffix	Divided Roadway
	GREENFIELD			N

Distance / Direction: AT

Trafficway: Divided Hwy w/o Barrier

Prefix	Intersecting Road Name	Road Type	Suffix	Divided Roadway
	GREENLODGE			W

VEHICLE / DRIVER

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
01	Yes	MI	W452115001106O	01/22/1959 (59)	○ Operator ○ Chauffeur ○ Moped	○ Cycle ○ Farm ○ Recreation	M	00	Failed to Yield

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
P	CHARLES WILLIAMSON 19771 FORRER DETROIT, MI 48208	No	B	Pedestrian	No Belts Available

Driver Condition at Time of Crash 1st	2nd	Driver Distracted By	Ejected	Trapped	Airbag Deployed
		Unknown			Not Equipped

Hospital: GENERIC HOSPITAL CODE

Ambulance: DETROIT FIRE DEPT EMS

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ● Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	○ Blood ○ Urine ○ Field ○ Refused ● Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
		Not Applicable		

Automation System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash
No	No Automation	No Automation

Insurance Company	Insurance Policy #	Towed By	Towed To

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
11	11	No Damage			In Roadway with Traffic

Sequence of Events (● Indicates MOST harmful event)
First: ● 17 - Motor Veh in Transport | Second | Third | Fourth

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital | Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital | Ambulance

TRUCK / BUS

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type | Endorsements: ○H ○P ○T ○N ○S ○X | CDL Exempt: ○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNERS

Owner Information	Owner Information

Damaged Property	Public	Owner & Phone

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UNIT

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
02	Yes	MI	W231281071072	01/27/1981 (37)	● Operator ○ Chauffeur ○ Moped	○ Cycle ○ Farm ○ Recreation	M	01	None

Unit Type	Driver Information	Driver is Owner	Injury	Position	Restraint
MV	FRED WESTBROOK 2005 RICHTON DETROIT, MI 48206 (248) 302-7689	Yes	O	Front - Left	Shoulder and Lap Belt

Driver Condition at Time of Crash	Driver Distracted By	Ejected	Trapped	Airbag Deployed
1st: Appeared Normal 2nd:	Unknown			Not Deployed

Hospital	Ambulance
NONE	NONE

Alcohol Suspected	Contributing Factor	Alcohol Test Type	Alcohol Test Results	Interlock Device
No	No	○ Breath ○ Blood ○ Urine ○ Field ○ PBT ○ Refused ● Not Offered	○ Pending Test Results:	No

Drug Suspected	Contributing Factor	Drug Test Type	Drug Test Results	Citation Issued
No	No	○ Blood ○ Urine ○ Field ○ Refused ● Not Offered	○ Pending Test Results:	○ Hazardous ○ Other

Vehicle Registration	State	Vehicle Description	Year	Make	Model	Color
EXITUS	MI		2016	CHRYSLER	300S	RED

VIN	Vehicle Type	Special Vehicles	Private Trailer Type	Vehicle Defect
2C3CCAGG7GH170900	Passenger Car, SUV, Van	Not Applicable		

Automation System(s) in Vehicle	Automation System Level in Vehicle	Automation System Level Engaged at Time of Crash
No	No Automation	No Automation

Insurance Company	Insurance Policy #	Towed By	Towed To
CINCINATTI	A010727948		

Location of Greatest Damage	First Impact	Extent of Damage (Power Unit and/or Trailers)	Vehicle Direction	Vehicle Use	Action Prior
07	11	No Damage	S	Private	Going Straight Ahead

Sequence of Events	First	Second	Third	Fourth
(● Indicates MOST harmful event)	● 15 - Pedestrian			

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint

Injury	Ejected	Trapped	Airbag Deployed

Hospital	Ambulance

VEHICLE CONFIGURATION

Carrier Information	USDOT	MC	MPSC

Driver's CDL Type	Endorsements	CDL Exempt
	OH OP OT ON OS OX	○ Farm ○ Other

GVWR/GCWR	Vehicle Configuration	Cargo Body Type	Medical Card	Hazardous Material	ID #	Class #
○ 10,000 lbs. or Less ○ 10,001 - 26,000 lbs. ○ Greater than 26,000 lbs.				○ Placard ○ Cargo Spill		

OWNER

Owner Information	Owner Information

WITNESS

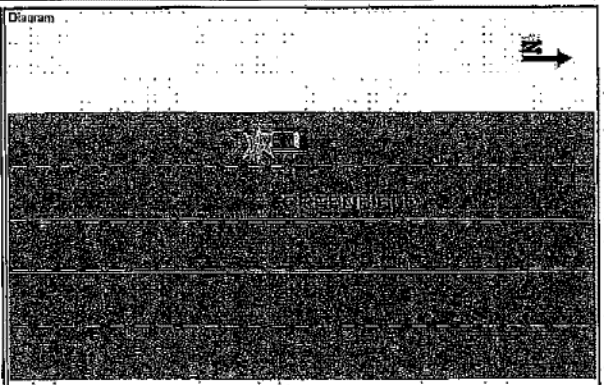
Witness Information	Witness Information
MARCUS HOLLOWAY 20064 BASIL DETROIT 48235 (313) 854-5207	

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photos
Yes	10/30/2018 (19:17)	LAMONT NELSON (4816)		No

Narrative

UNIT 1 WALKING WESTBOUND ACROSS GREENFIELD NOT USING CROSSWALK INTO ON COMING TRAFFIC THEN STRUCK BY UNIT 2 WHO WAS TRAVELING SOUTHBOUND ON GREENFIELD. UNIT 1 WAS CONVEYED TO PROVIDENCE HOSPITAL BY MEDIC 46 WHERE HE WAS LISTED IN STABLE CONDITION PER DR. PAUL MRN#109119917.

Diagram



INCIDENT/INVESTIGATION REPORT

INCIDENT DATA

Agency Name	Detroit Police Department
ORI	MI 8234900
Case#	181030-0353
Date / Time Reported	10/30/18 18:45 Tue
Last Known Secure	10/30/18 18:45 Tue
At Found	10/30/18 18:45 Tue
Location of Incident	W 8 Mile Rd/greenfield Rd, Detroit
Premise Type	Highway/road/alley
Zone/Tract	

	Crime Incident(s)	Weapon / Tools	Activity	Entry	Exit	Security
#1	Accident, All Other 97006 (Com)		N			
#2	Crime Incident ( )					
#3	Crime Incident ( )					

MO

VICTIM

# of Victims 1 | Type: INDIVIDUAL/ NOT LAW | Injury: Apparent Minor Injury

	Victim/Business Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
V1	WILLIAMSON, CHARLES	1	01/22/59 Age 59	B	M	I99	Resident	

Home Address: 19771 FORRER ST, Detroit, MI 48235- | Home Phone: 313-465-0867

Employer Name/Address | Business Phone | Mobile Phone

VYR	Make	Model	Style	Color	Lic/Lis	VIN

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type: | Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address | Home Phone

Employer Name/Address | Business Phone | Mobile Phone

Type: | Injury:

Code	Name (Last, First, Middle)	Victim of Crime #	DOB / Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status

Home Address | Home Phone

Employer Name/Address | Business Phone | Mobile Phone

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status From/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number
	03	0	$0.00		1	2016 RED, EXITUS MI	CHRY 300s	2C3CCAGG7GH170900

Officer/ID# Roe, Kayla C (WES, 12TH) [redacted]

Invest ID# (0) | Supervisor Claybourne, John R (WES, 12TH)

Status | Complainant Signature | Case Status Active 10/30/18 | Case Disposition | Page 1

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INCIDENT/INVESTIGATION REPORT

Detroit Police Department

Case # *181030-0353*

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type	
DRUGS						

Assisting Officers

Suspect Hate / Bias Motivated: *NONE*

NARRATIVE

The victim stated that at the date, time and location listed on the report they were the victim of a motor vehicle accident.

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REPORTING OFFICER NARRATIVE

Detroit Police Department		OCA 181030-0353
Victim: WILLIAMSON, CHARLES	Offense: ACCIDENT, ALL OTHER	Date / Time Reported: Tue 10/30/18 18:45

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

[10/30/2018 19:53, ROEK161, 1974]

PO KAYLA ROE 864
PO LAMONT NELSON 4816

ON 10/30/18 MY PARTNER AND I WERE DISPATCHED TO GREENFIELD/ LODGE SERVICE DRIVE FOR AN AUTO ACCIDENT INVOLVING A PEDESTRIAN.

WHEN I ARRIVED AT THE LOCATION I SPOKE TO OFFENDER WHO STATED HE STRUCK VICTIM WHO WAS CROSSING GREENFIELD HEADING WESTBOUND. OFFENDER WAS TRAVELING SOUTHBOUND ON GREENFIELD IN HIS 2016 CHRYSLER PLATE#EXITUS. OFFENDER STATED VICTIM WAS NOT USING A CROSSWALK AND WALKED INTO ONCOMING TRAFFIC.

VICTIM WAS CONVEYED TO PROVIDENCE HOSPITAL BY MEDIC 46 WHERE HE WAS LISTED IN STABLE CONDITION PER DR. PAUL MRN#109119917.

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Incident Report Suspect List

Detroit Police Department

OCA: *181030-0353*

1	Name (Last, First, Middle)	Also Known As	Home Address
	WESTBROOK, FRED III		[redacted]
	Business Address		

DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State
	37	*B*	*M*							

Scars, Marks, Tattoos, or other distinguishing features

Reported Suspect Detail	Suspect Age	Race	Sex	Eth	Height	Weight	SSN

Weapon, Type	Feature	Make	Model	Color	Caliber	Dir of Travel / Mode of Travel

Veh Yr/Make/Model	Drs	Style	Color	Lic/St	VIN

Notes

Physical Char

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Incident Report Related Vehicle List

Detroit Police Department

OCA: *181030-0353*

1	Veh Yr/Make/Model: *2016 CHRY, 300s*	Style:	Color: *RED*	Lic/Lis: *EXITUS MI 2018*	VIN: *2C3CCAGG7GH170900*	
	IBR Status: *None*	Date: *10/30/18*	Location: *W 8 MILE RD/GREENFIELD RD, DETROIT MI*			
	Condition:	Value: *$0.00*	Offense Code: *9999*	Jurisdiction: *Locally*	State #:	NIC #:
	Name (Last, First, Middle): ** No name **		Also Known As:		Home Address:	
	Business Address:					
	DOB	Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features

Notes

EXHIBIT G

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STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE	FILE NO. 2020-854581-DE Judge David A. Perkins

Estate of Charles Williamson, Decedent

TO: Name, address, and telephone no.

Porsha Williamson
9213 West Pickwick Circle
Taylor, MI 48180
(313)685-3634

Lateshea Williamson
19771 Forrer
Detroit, MI 48235
(313)687-3937

You have been appointed and qualified as Co- Personal Representative of the estate on 01/08/2020.
Date

You are authorized to do and perform all acts authorized by law except as to the following:
Restrictions:

These letters expire: **3/5/2021**.
Date

01/08/2020
Date

Probate Register

SEE NOTICE OF DUTIES ON SECOND PAGE

DARREN M. FINDLING	51350	DARREN M. FINDLING	51350
Attorney name (type or print)	Bar no.	Attorney name (type or print)	Bar no.
414 W 5TH ST		414 W 5TH ST	
Address		Address	
ROYAL OAK, MI 48067-2545	(248)-399-3300	ROYAL OAK, MI 48067-2545	(248)-399-3300
City, state, zip	Telephone no.	City, state, zip	Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

JAN 08 2020
Date

Deputy Probate Register

The Letters of Authority are valid only if issued with the raised seal of the Wayne County Probate Court.

Do not write below this line - For court use only

MCL 700.3103; MCL 700.3307, MCL 700.3414,
MCL 700.3504, MCL 700.3601,;
MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

PC 572 (06/16) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

Porsha Williamson
9213 West Pickwick Circle
Taylor, MI 48180

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The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you. See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

CONTINUED ADMINISTRATION: If the estate is not settled within 1 year after the first personal representative's appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of the first personal representative's appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate. [MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

DUTY TO COMPLETE ADMINISTRATION OF ESTATE: You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

CHANGE OF ADDRESS: You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

Additional Duties for Supervised Administration

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

INVENTORY: You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative.
[MCL 700.3706, MCR 5.307, MCR 5.310(E)]

ACCOUNTS: You are required to file with this court once a year, either on the anniversary date that your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

ESTATE (OR INHERITANCE) TAX INFORMATION: You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

Additional Duties for Unsupervised Administration

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

INVENTORY: You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. Where the decedent's date of death is on or after March 28, 2013, the lien amount will be deducted from the value of the real property for purposes of calculating the inventory fee under MCL 600.871(2). You are also required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

ESTATE (OR INHERITANCE) TAX INFORMATION: You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. **Note:** The estate may be subject to inheritance tax.

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STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	YOUR RESPONSIBILITIES AS PERSONAL REPRESENTATIVE	FILE NO. 2020-854581-DE

In the matter of Charles Williamson, Decedent

Claims. In almost all cases, notice to the decedent's creditors must be published in a newspaper. If you know of specific creditors of the decedent, they must be given a ***Notice to Known Creditors*** form. You must determine what creditors' claims, if any, should be paid. The estate cannot be closed if publication is required and was not done.

Inventory. The law requires you to file an ***Inventory*** listing all the estate's assets as of date of death within 91 days of the date you became personal representative. The Court will send you a notice and a blank ***Inventory*** form approximately a month before it is due. The Court will calculate the inventory fee, which the estate must pay within one year of the date you became personal representative. Failure to file the inventory may lead to your suspension and\or the case being administratively closed.

You Must File A Notice Of Continued Administration Annually. The law requires you to file a ***Notice of Continued Administration*** form each year the estate is open – it is due on the anniversary of the date you became personal representative. The Court will send you a notice and a blank ***Notice of Continued Administration*** form approximately a month before it is due. Failure to file the form may lead to your suspension as personal representative and\or the case being administratively closed. FAX [(313) 967-4030] or mail the form to the following address:

Wayne County Probate Court, General Office
1307 Coleman A. Young Municipal Center
2 Woodward Ave.
Detroit, MI 48226

All Letters of Authority issued by the Wayne County Probate Court include an expiration date of 56 days after the fiduciary's qualification anniversary date. Updated copies of Letters of Authority are $12 each, and can be paid by cash, check or money order made payable to the Wayne County Probate Court. Mail your request, along with a self-addressed return envelope, to the address listed below. Letters of authority can also be paid for in person by MasterCard or Discover. JPMorgan Chase Bank will charge a convenience fee of 2.49% that will be added to your payment amount for each transaction completed (minimum charge of $3.95).

Tell The Court If Your Or The Address Of Any Interested Person And/Or Telephone Number Changes. If you fail to tell the court about an address and/or telephone number change for yourself or an interested person within 7 days, you could be suspended. FAX [(313) 967-4041] or mail the updated address and/or phone number information to:

Wayne County Probate Court, Document Processors
1307 Coleman A. Young Municipal Center
2 Woodward Ave.
Detroit, MI 48226

GUIDELINES FOR RECORD KEEPING BY PERSONAL REPRESENTATIVES

AFTER RECEIVING LETTERS OF AUTHORITY:

- File a change of address card with the Post Office to receive the decedent's mail.
- Create a file for the decedent.
- Keep the following documents in the decedent's file: all petitions, letters of authority, inventories, fiduciary bonds, notices of continued administration, accounts, guardian ad item (GAL) reports, and closing papers.

FINANCES AND RECORD KEEPING:

- There should be one bank account for the decedent with the following caption: "Estate of John Doe, deceased".
- When closing the decedent's account and opening a new one, keep all opening and closing documents.
- All checks payable to the decedent must be deposited into the bank account.
- Open all bank and other statements immediately to identify any irregularities.
- All checks must be hand signed by the fiduciary. Never use a signature stamp. Do not allow anyone else to sign checks. Keep in secure location.
- Keep a copy of all bank statements, checks written, and receipts.
- When closing the decedent's account and opening a new one, keep all closing documents.
- All spending must only be used for the administration of the estate (payment of claims, inventory fees, attorney fees, etc.) and\or payment of heirs or devisees for their share of the estate.
- If there is a question about expenditure, file a petition with the court to obtain court approval.
- Demand and obtain written bills before making a payment.
- Computerized records must be backed up and stored in at least one other location.

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Michigan Automobile Insurance Placement Facility
PO Box 532318 | Livonia, MI 48153-2318 | Phone: 734-464-8111 | Fax: 734 744-8552
www.michacp.org

Please note, "you" referenced throughout this application is defined as the injured person applying for benefits.
This application must be completed, signed and received no later than one (1) year from the date of accident. Incomplete or illegible applications will be returned without assignment to a servicing insurer. Please also submit a copy of the police report, EMS run form and/or any other documentation. All information will be reviewed, however, please note, additional information may be required. **Please be advised, applications made to the Michigan Automobile Insurance Placement Facility should be submitted as soon as possible to expedite the initial determination of an injured person's eligibility for benefits.**

Injured Person Information

1. Name of Injured Person: First Name	Middle Name	Last Name	Suffix	2. Date of Birth:
Charles		Williamson		01/22/1959

3. List any and all names you have previously or currently go by	4. Social Security #:
	368-76-4517

5. Injured Person's Current Address: Street	Apt #	City	State	Zip Code
19771 Fraser St.		Detroit,	mi.	48235

6. Injured Person's Address at the Time of the Accident: Street	Apt #	City	State	Zip Code

7. Home Phone #	8. Work Phone #	9. Cell Phone #	10. Email Address
313-465-0867	N/A	313-465-0867	

11.a. Marital Status: ☑ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Widowed
b. If "married" or "separated" please provide:

Spouse Name	Spouse Address	Check here if spouse address is same as injured person's ☑
Maxine Williamson		

12. Date of Accident	13. Injured Person's Driver's License # and State or State ID #
10/30/2018	No License.

14. At the time of the accident, were you a Michigan resident? ☑ Yes ☐ No	15. At the time of the accident, did you have any auto insurance? ☐ Yes ☑ No
a. If no, list state:	a. If yes, list Name of Automobile Insurance Company & Policy Number

Accident Information

16. Accident Location: Street	City	State	Zip Code
8 Mile & Grand Rd of Roads	Detroit	mi.	48235

17. Provide a full description of how the accident occurred. Note: If you require additional space, please attach a separate sheet with details as part of this application.
Rode out riding bike while crossing street when struck by car.

18. Was a police report made? ☑ Yes ☐ No #18010300353
a. If yes, list name of police department, police report number and date made: Detroit Police Department

19. What was your position at the time of the accident? ☐ Driver ☐ Passenger ☑ Pedestrian ☐ Motorcyclist ☐ Other on Bicycle
a. If you answered "Passenger", where were you seated in the vehicle? ☐ Passenger Front Seat ☐ Driver Side Back Seat ☐ Middle Back Seat ☐ Passenger Back Seat ☐ Other

20. Was the vehicle a motorcycle? ☐ Yes ☑ No If you answered "Yes" please provide the following:
a. List the name of the owner of the motorcycle:
b. Was the motorcycle insured at the time of the accident? ☐ Yes ☐ No c. Motorcycle Vin #
d. If the motorcycle was insured and you were the owner of the motorcycle, please attach a copy of your proof of motorcycle insurance.

21. Were you contacted by a doctor's office or other person about this claim? ☐ Doctor ☐ Other ☑ None
a. If you answered "Doctor", please provide:

Name of Doctor	Address	Phone Number

b. If you answered "Other", please provide:

Name	Address	Phone Number

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Injury Information

22. Are you claiming injuries from the accident? ☑ Yes ☐ No a. If yes, describe your injuries:
① Lt. Rt. Lower Leg ② Lt. Superior Orb of Right Pubis
③ Lt. Rt. tibia ④ multiple Rib fractures ⑤ displaced Lt. Ac anterior wall

23. Were you treated and/or transported by an ambulance/EMS or by any other way to a hospital after the accident? ☑ Yes ☐ No
a. If yes, please provide:

EMS/Ambulance/Person Name	Address	Phone Number
Superior Ambulance	28440 Hawkins Drive Southfield, MI	248-345-8880

24. Were you treated in a hospital after the accident? ☐ Yes ☐ No a. If yes, what type of treatment did you receive? ☐ In-Patient ☐ Out-Patient
b. If yes, please provide:

Hospital Name	Address	Phone Number
Providence Hosp.	16001 W. 9 Mile Road	248-849-3000

Note: If you were treated at more than 1 hospital, attach a separate sheet with contact information as part of this application.

25. Are you currently or were you treated by a doctor after the accident? ☑ Yes ☐ No
a. If yes, please provide:

Doctor Name	Address	Phone Number
Emergency Room	16001 W. 9 Mile Road	248-849-3000

b. Name of person who referred you to this doctor: Taken via Ambulance.
Note: If you were treated at more than 1 doctor, attach a separate sheet with contact information as part of this application.

26. Before this accident happened, did you have any of the same injuries as you listed in question 22? ☐ Yes ☑ No
a. If yes, describe which injuries and the doctors/pharmacies you treated with:

Injuries N/A

Doctors/Pharmacy Name	Address	Phone Number	How long were you treating?
N/A			

Note: If you sought treatment from more than 1 doctor/pharmacy, attach a separate sheet with contact information as part of this application.

27. Please list any medical conditions you had and/or medications you were taking at any time before this accident.
a. If so, please provide the name, address, phone number(s) and length of treatment:

Doctors/Pharmacy Name	Address	Phone Number	How long were you treating?

Note: If you sought treatment from more than 1 doctor/pharmacy, attach a separate sheet with contact information as part of this application.

28. Do you have a primary care doctor? ☑ Yes ☐ No a. If yes, please provide:

Doctors Name	Address	Phone Number

29. Have you received any medical bills from this accident?	30. Do you expect to receive medical bills from this accident?	31. Did you apply for social security disability benefits at any time before or after this accident?
☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No 31b. If yes, please provide all of the dates of your application(s):

Medical Insurance

32. Do you have any kind of health insurance? ☑ Yes ☐ No a. If yes, please provide:
Name of Health Insurance Co. Address Phone Number
Aetna Medicaid 151 Farmington Ave. 800-624-0756
Policy or Plan Number: 000252.7857 Member Number: _____ Group Number: _____

33. Are you a Medicare Beneficiary? ☐ Yes ☑ No a. If yes, what is your Medicare #: _____

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Employment Information

34. Were you employed at the time of the accident? ☑ Yes ☐ No a. If yes, provide the following information; If no, skip to question 42.

Name, Address and Phone Number of Your Employer	Job Title	Average weekly income at the time of the accident	List the dates of your employment: From	To
—	—	$ —	—	—

Note: If you were employed by more than 1 employer, attach a separate sheet with contact information as part of this application.

35. Have you missed any work because of your injuries? ☐ Yes ☑ No a. If yes, what is the first date you missed work? _____

36. Do you have a note from a doctor ordering you to stay home from work? ☐ Yes ☑ No a. If yes, please provide:
Doctors Name Address Phone Number

37. Have you returned to work? ☐ Yes ☑ No
a. If yes, what date did you return to work? _____

38. If not yet returned, have you been given a return date? ☐ Yes ☑ No
a. If yes, return to work date: _____

39. Were you on the job at the time of the accident? ☐ Yes ☑ No
a. If yes, are you eligible for any benefits under workers compensation? ☐ Yes ☑ No

40. How did you normally get to work before the this accident? I.E. Public Transportation, motor vehicle, etc. N/a

41. Are you eligible for any benefits under any other wage or salary continuation plan? ☐ Yes ☑ No

Entitlement Information-Note that question 42 refers to the involved motor vehicle you were in, getting into or out of, or were struck by as a pedestrian or if applicable, the motorcycle you were on at the time of the accident.

42. Was there damage to the vehicle you were occupying or struck by? ☐ Yes ☐ No ☑ Unknown If yes, describe the damage to the vehicle:

a. Was the vehicle towed? ☐ Yes ☐ No If yes, please provide: Name of Towing Company Address Phone Number

b. Was the vehicle repaired? ☐ Yes ☐ No If yes, please provide: Name of Repair Company Address Phone Number

c. Do you know the current location of the involved vehicle? ☐ Yes ☑ No If yes, please provide: Location of Vehicle Address Phone Number

Note: If you were struck by more then 1 vehicle as a pedestrian, attach separate sheet with contact information as part of this application.

d. Did you use the motor vehicle/motorcycle at any time before the date of the accident? ☐ Yes ☐ No ☐ Unknown

e. How often did you use the vehicle/motorcycle?
☐ Daily ☐ Once a Week ☐ Two or More Times Per Week ☐ Less than Once Per Month ☐ Rarely ☐ Other, please explain N/a

f. Did you have access to a set of keys to the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

g. Have you ever had to ask permission to use the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown N/a

h. Have you ever been denied permission to use the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

i. Did you ever put gas in the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

j. Did you ever pay money toward the purchase or the maintenance of the vehicle/motorcycle? ☐ Yes ☐ No ☐ Unknown

k. Did you have permission to use the vehicle/motorcycle on the date of the accident? ☐ Yes ☐ No ☐ Unknown If Yes, from who? N/a

43. List the name of the owner of the vehicle (Note, if you were on a motorcycle, please provide the following information about the vehicle involved in your accident):
First Name: Fred Middle Name: _____ Last Name: Westbrook III

Owner's Address and Phone Number
2005 Richton Avenue, Detroit, mi. 48216

a. List the Name of the Registrant of Vehicle involved in the accident if different than the owner: First Name: Fred Middle Name: _____ Last Name: Westbrook III

Registrant's Address and Phone Number
2005 Richton Avenue Detroit mi. 48216

b. Vehicle Involved:

Year	Make	Model	Vehicle Identification Number (VIN)	Plate Number	State the Vehicle is Registered In
2016	Chev	300	2C3CCAGG7GH170900	EXTNS	NJ

c. Did the owner and/or registrant of this vehicle have any automobile insurance on the date of the accident? ☐ Yes ☐ No If yes: Unknown
Name of Insurance Company: ? Policy #: ?
How did you confirm if the owner/registrant did or did not have insurance? Certified letter sent

d. If not you, list the name of the driver of the vehicle: First Name Middle Name Last Name

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APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

e. Did the driver have automobile insurance in effect on the date of the accident? ☐ Yes ☐ No If yes: Unknown
Name of Insurance Company: _____ Policy #: _____
How did you confirm if the driver did or did not have insurance? Clerk filled letter sent

f. How many people were in the vehicle? _____
Please list all passengers in this vehicle at the time of the automobile accident:

Name	Address	Phone Number	Passenger's Insurance Company (if any)	Insurance Policy #
Unknown				

Note: If more than 5 passengers, attach separate sheet with the above information as part of this application.

44. Were there witnesses to the accident? ☐ Yes ☐ No If yes, please provide: None Listed on police Report

Witness Name	Address	Phone Number
Witness Name	Address	Phone Number

Note: If more than 2 witnesses, attach separate sheet with contact information as part of this application.

Entitlement Information *(continued)*

45. List all the people who lived in your home at the time of the auto accident and their relationship to you:

Name	Relationship
Malik Williams	Son

If more than 3, attach separate sheet with information as part of this application.

46. Describe all motor vehicles owned by you, your spouse (even if you are separated) or any relative living in your home on the date of the accident: If none, check here: ☒

Owner/Relationship	Year, Make & Model of Vehicle	Vehicle Identification Number	Plate Number	Insurance Co & Policy Number

Note: If more than 3, attach separate sheet with contact information as part of this application.

47. Have you ever made a claim for benefits (i.e. payment of medical bills) due to an injury that was caused by an automobile accident? ☐ Yes ☒ No
a. If yes, please provide:
Name of Insurance Company _____ Claim Number _____

48. Are you filing this claim with the Michigan Automobile Insurance Placement Facility because there is a dispute between two or more insurance companies concerning their obligation to provide you with insurance coverage? ☐ Yes ☒ No
a. If yes, please provide documentation of the dispute and the following:
Name of Insurance Company _____ Phone Number _____ Claim Number _____
Name of Insurance Company _____ Phone Number _____ Claim Number _____

49. Please document what actions you have taken to determine that there is no other auto insurance coverage. This question should be completed to expedite the claims process (attach additional sheet(s) if needed and any supporting documentation).
Please see attached letter (4pg)

APPLICATION FOR PERSONAL INJURY PROTECTION BENEFITS THROUGH THE MICHIGAN ASSIGNED CLAIMS PLAN

Please note, if the top two boxes below are not acknowledged and the application is not signed and dated, the application will be considered incomplete and will be returned to the injured person or the preparer for further completion.

X I have reviewed the application in its entirety and attest that the information contained therein is true and accurate. If I am a medical provider and am submitting this application on behalf of the injured person, I attest that I have knowledge of the information provided, have thoroughly investigated and verified all documented information and have knowledge that all the information documented is true and accurate.

X I acknowledge I have read the following fraud warning:

FRAUD WARNING

A person who presents or causes to be presented an oral or written statement, including computer-generated information, as part of or in support of a claim to the Michigan Automobile Insurance Placement Facility for payment or any other benefit knowing that the statement contains false information concerning a fact or thing material to the claim commits a fraudulent insurance act under section 4503 of the insurance code that is subject to the penalties imposed under section 4511. **A claim that contains or is supported by a fraudulent insurance act as described in this subsection is ineligible for payment or benefits under the Assigned Claims Plan.**

X I understand that if benefits are paid to me or for my benefit, the owner of the involved, uninsured vehicle will be financially responsible for reimbursement of all no fault benefits paid and costs associated with this claim pursuant to the Michigan No Fault Act.

X If I provided an email address, I understand that future correspondence and information regarding this claim may be exchanged via the email contact provided.

Signature of Injured Person or Representative	Printed Name of Injured Person or Representative	Date:
X Charles Williamson	X Charles Williamson	12/14/2018
Signature of Preparer (if different than above)	**Printed Name of Preparer (if different than above)**	**Date:**
X Kimberly Taylor	X Kimberly Taylor	12/14/2018

Who prepared this application? ☐ Injured Person ☐ Attorney X Third Party Biller
☐ Parent ☐ Legal Guardian

Preparer Name and Company: The Lakeland Center

Address: 21900 Franklin Road

City: Southfield State: MI Zip Code: 48033

Phone Number: 248-350-8078

If the preparer is a medical provider: Do you have an assignment of benefits?

X ☐ Yes ☐ No If Yes, please attach.

Michigan Assigned Claims Plan
c/o Michigan Automobile Insurance Placement Facility
PO Box 532318
Livonia, MI 48153-2318
www.michacp.org Phone: 734-464-8111
Email: info@michacp.org
Fax: 734 744-8552

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APPENDIX M

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STATE OF MICHIGAN

IN THE COURT OF APPEALS

ELLEN M. ANDARY, a legally incapacitated adult, by and through her Guardian and Conservator, MICHAEL T. ANDARY, M.D., PHILIP KRUEGER, a legally incapacitated adult, by and through his Guardian, RONALD KRUEGER & MORIAH, INC., d/b/a EISENHOWER CENTER, a Michigan corporation,

Plaintiffs-Appellants,

vs.

USAA CASUALTY INSURANCE COMPANY, a foreign corporation, and CITIZENS INSURANCE COMPANY OF AMERICA, a Michigan Corporation,

Defendants-Appellees.

Court of Appeals No. 356487

Ingham County Case No. 19-738-CZ

MICHIGAN CATASTROPHIC CLAIMS ASSOCIATION'S AMICUS CURIAE BRIEF IN SUPPORT OF DEFENDANTS-APPELLEES

Joseph K. Erhardt (P44351)
K.J. Miller (P62014)
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I. STATEMENT OF INTEREST[1]

In 1978, the Legislature created the Michigan Catastrophic Claims Association (the "MCCA") as an association of all insurers writing no-fault insurance in Michigan. The MCCA reimburses its members for amounts paid in personal protection insurance benefits, also known at PIP benefits, in excess of a statutory retention amount, initially $250,000, but currently $600,000. From 1978 through July 1, 2020, Michigan's No-Fault Insurance Act required insurers writing no-fault insurance to provide unlimited lifetime PIP benefits to persons injured in motor vehicle accidents.

Insurers must report catastrophic claims to the MCCA. The MCCA defines catastrophic claims as claims involving: traumatic brain injury; quadriplegia or paraplegia; burns involving 50% or more of the body; amputation of a major limb or multiple amputations; and other injuries where the costs of treatment exceed certain financial thresholds. Of the 45,717 catastrophic claims reported as of March 31, 2021, 17,728 remain open. During the twelve months ending March 31, 2021, the MCCA reimbursed insurers $1.25 billion, an average of $104.4 million per month.

Independent actuaries estimate that changes to the No-Fault Insurance Act in June 2019 have resulted in savings of $4.39 billion on existing catastrophic claims as of June 30, 2021. Further, with respect to future claims, each year independent actuaries estimate the number of persons who will sustain catastrophic injuries during the coming fiscal year. The MCCA charges a premium assessment to insurers (who pass that assessment through to their insureds) to fund

[1] This brief was authored in whole by counsel for the MCCA. No one has made a monitory contribution to fund the preparation or submission of the brief.

future reimbursement payments to insurers who pay the lifetime PIP benefits of those injured persons. The MCCA reduced its premium assessment from $220 per vehicle for the fiscal year ending June 30, 2019 to $100 per vehicle for the fiscal year ending June 30, 2020, and then to $86 per vehicle for the fiscal year ending June 30, 2021. The assessment has dropped and continues to drop as a result of the Legislature's changes to the No-Fault Insurance Act in June 2019. These savings inure to the insurance buying public, which will continue to save in the years ahead.

The MCCA has a direct interest in the outcome of this case. If the Court holds the amended No-Fault Insurance Act unconstitutional, striking down the cost-savings provisions, then the MCCA will have to reverse much of the estimated $4.39 billion in savings. To make matters worse, the MCCA will not have collected necessary premiums to begin recouping what may then have turned back into a deficit. Furthermore, anticipated savings each year going forward will disappear.

II. STATEMENT OF QUESTIONS INVOLVED

Should the Court affirm the trial court's dismissal of Plaintiffs-Appellants'("Plaintiffs'") complaint, where:

- Plaintiffs' Due Process and Equal Protection claims fail because the amended No-Fault Act bears a reasonable relationship to a permissible legislative objective—reducing the highest in the nation cost of auto insurance in Michigan;
- Plaintiffs' Substantive Due Process and Equal Protection claims fail because fee schedules and limits on attendant care provided by family members do not violate fundamental rights such as the right to privacy, the right to bodily integrity, or the right to liberty; and
- Plaintiffs' Contract Clause claims fail because Plaintiffs do not have vested rights to attendant care without limits on the number of hours provided by family members and to use providers who can charge whatever they want, without regard to a fee schedule.

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Amicus Curiae, the Michigan Catastrophic Claims Association answers: "Yes."

III. BACKGROUND

Independent actuaries estimate that changes to the No-Fault Insurance Act in June 2019 have resulted in savings of $4.39 billion on existing catastrophic claims as of June 30, 2021. The savings that have resulted from changes to the No-Fault Act stem in part from the Legislature now defining what a reasonable charge is for a product, service, or accommodation. Before the Legislature passed the amended No-Fault Act, section 3107(1)(a) provided that allowable PIP expenses consist of "reasonable charges incurred for reasonably necessary products, services and accommodations for an injured person's care, recovery, or rehabilitation." MCL 500.3107(1)(a). That language has not changed.

What did change when the Legislature amended the No-Fault Insurance Act is that the Legislature defined what constitutes "reasonable charges." The Legislature did this by tying those charges to a fee schedule based on a multiple of what Medicare pays providers for the same services, and by putting reasonable limits on the amount of attendant care family members and friends can provide an injured person, without limiting the amount of attendant care an injured person can receive from other providers, if needed. These measures bear a reasonable relation to the goal of reducing the cost of no-fault auto insurance, which many Michigan residents cannot afford to buy, but which the No-Fault Insurance Act requires them to buy.

Moreover, these cost-savings measures do not reduce the PIP benefits that were available to persons injured in motor vehicle accidents before the Legislature passed the amended No-Fault Act. Rather, the Medicare-based fee schedule limits what providers can charge, not what products, services, and accommodations an injured person is entitled to receive. The Legislature

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put a fee schedule in place because of overwhelming evidence that providers sharply inflate charges when a no-fault insurer is the payer. Further, the new hourly limit on family-provided attendant care does not limit the number of hours of care an injured person is entitled to receive; it simply puts a reasonable restriction on who may provide such care. The Legislature put this restriction in place because of overwhelming evidence that this benefit, when unlimited, is a rich source of abuse and fraud. Even so, the amended No-Fault Act permits insurance companies and family members to contract for more than 56 hours per week in those situations where the need for attendant care is clear and it makes economic sense to do so.

IV. THE NEED TO REDUCE HIGHEST IN THE NATION AUTO INSURANCE COSTS

A. The Cost of PIP Benefits Is Soaring

No-fault insurance costs have soared in recent years because, in a system that required all drivers to buy unlimited lifetime PIP benefits and that limited costs solely by the word "reasonable," providers of products, services, and accommodations tested the limits of what a jury or judge might consider reasonable for a person who suffered a catastrophic injury. The following graph shows loss payments reimbursed by the MCCA on claims that resulted from injuries suffered by persons during the MCCA's first fiscal year—that is, it shows how much money the MCCA has reimbursed its members each year for payments made for PIP benefits for persons injured in accidents that occurred between July 1, 1978 and June 30, 1979 only.

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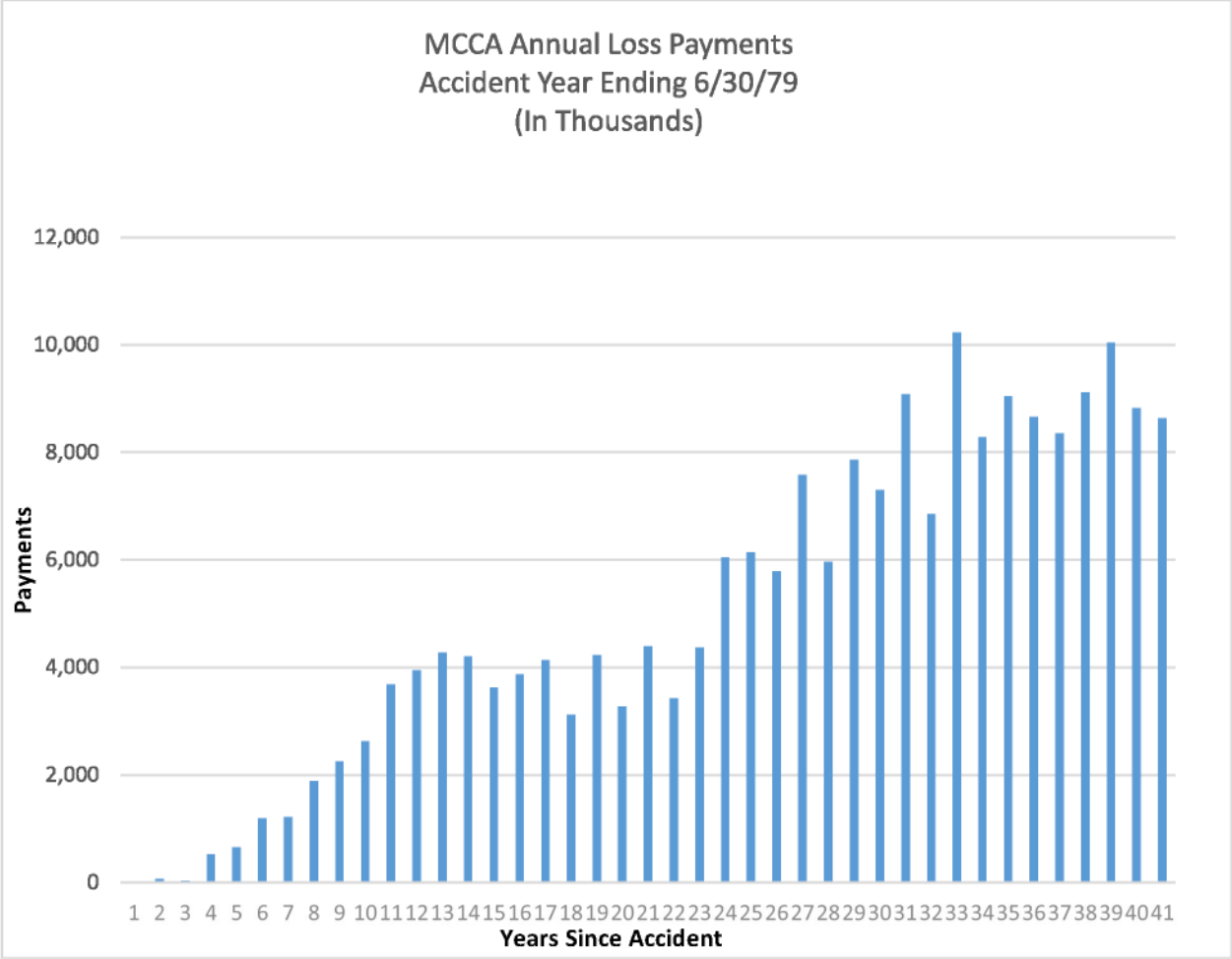

In the first five years following these accidents, which includes acute care treatment and rehabilitation services immediately following the accident, the MCCA reimbursed its member insurers approximately $1,272,000. Yet, in the last five years ending June 30, 2019, the MCCA reimbursed its members $44,954,000 for ongoing care and treatment, more than 35x the amount reimbursed in the first five years. Even accounting for inflation, it is apparent that costs for care and treatment have increased dramatically and unreasonably, in part because insurers likely pay for healthcare costs ordinarily required because of the normal aging process (as it is often difficult to separate age-related health issues from those directly related to accident injuries).

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B. The Claims in This Case Show Why the Legislature Enacted Reforms

The claims of Ellen Andary, Philip Krueger, and Eisenhower Center show why the Legislature amended the No-Fault Act. Without any limits on what constitutes "reasonable charges," the MCCA is currently reimbursing USAA Casualty Insurance Company ("USAA") $28/hour for up to 36 hours/day of care rendered to Ms. Andary primarily by family members, which equals up to $1,008/day or $367,920/year. Is $367,920/year a reasonable charge for Ms. Andary's home attendant care? Is there no less expensive way to provide the care she needs? The Bureau of Labor Statistics ("BLS") reports that the mean wage for home health aides in the Lansing-East Lansing metropolitan area is $24,940/year. If USAA paid Ms. Andary's caregivers the median BLS wage for the same amount of care she is entitled to receive now, and for which USAA pays $367,920/year, the cost would be $112,230/year, a savings of $255,690/year. Why must the insurance buying public pay 3.2x the mean BLS rate for Ms. Andary's family to care for her?

Similarly, without any limits on what constitutes "reasonable charges," the MCCA is currently reimbursing Citizens Insurance Company of America ("Citizens") $572/day for custodial care provided to Philip Krueger at Eisenhower Center. Mr. Krueger neither receives nor claims one-on-one attendant care. Is there no less expensive cost structure to provide custodial care to Mr. Krueger? Certainly many Michigan residents find cost-effective long-term care facilities that charge far less than $572/day ($208,780/year). From September 1, 2009 through November 30, 2020, the MCCA reimbursed Citizens $2,065,093 for payments made for Mr. Krueger's care at Eisenhower Center. What family could afford such costs for long-term care?

Without any definition of "reasonable charges," the Eisenhower Center received $168.2 million from insurers in the ten years preceding reform, an average of $16.2 million/year.

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Similarly, Optimal Medical, which employs members of Ellen Andary's family as her caregivers, received $14.3 million from insurers (and the MCCA) between 2014 and 2019, an average of approximately $2.9 million/year.

C. Examples of Rampant Fraud and Abuse

The MCCA is in a unique position to gather examples of rampant fraud and abuse brought about by a no-fault insurance system that provides no limits on PIP benefits and no fee schedule or other reasonable restrictions on what injured persons and providers may claim. Where a no-fault insurance system entitles persons injured in motor vehicle accidents to unlimited lifetime benefits, the creativity of providers of products, services, and accommodations for their care, recovery, and rehabilitation likewise becomes unlimited. The following examples provide a glimpse of some of the many problems that led the Legislature to pass the amended No-Fault Act. The only limit to these examples is the Court's page-length limit for Amicus Curiae briefs:

- Richard and Louise Fortson billed MEEMIC Insurance Company ("MEEMIC") for 24/7 attendant care they allegedly provided to their son after he sustained a traumatic brain injury in a motor vehicle accident. MEEMIC learned later that, during several extended periods for which MEEMIC had paid for such care, their son had spent time in jail for traffic offenses and drug crimes and had spent time in an inpatient substance-abuse rehabilitation facility. *MEEMIC Ins Co v Fortson*, 324 Mich App 467 (2018).

- Ira Demery billed Auto Club Insurance Company ("ACIA") for attendant care she allegedly provided to her husband, Michael Demery, who had sustained a below the elbow amputation and, allegedly, a traumatic brain injury in a motor vehicle accident. After paying for such attendant care, ACIA learned that Michael Demery had spent time in jail and had fathered a child with another woman all while allegedly receiving 24/7 care from his wife. *See Demery v Auto Club Ins Ass'n*, No. 11-117189-NF, 2015 Mich Cir Ct LEXIS 803, at *1 (Oakland Cty Cir Ct, Sept 14, 2015).

- Rebecca and Brian McCoy billed Progressive Michigan Insurance Co. ("PMIC") for 24/7 attendant care allegedly provided to their son, Dillon Hoeft, who allegedly had sustained a traumatic brain injury in a motor vehicle accident. PMIC conducted surveillance and learned that "Dillon Hoeft was observed, alone, on several occasions outside of the presence of Rebecca and Brian McCoy for extended periods and driving, alone." *Hoeft v*

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Progressive Michigan Ins Co, Case No. 16-107029-NF, Order Resolving Defendant's Motion for Summary Disposition (Genesee Cty Cir Ct, Aug 27, 2018) (Exhibit A).

- A claimant sustained catastrophic injuries in a motor vehicle accident while traveling in Arizona. Aviation West Charter ("AWC") provided a nonemergency medical flight to return the claimant from Tucson to Grand Rapids. AWC billed Auto-Owners Insurance Co. $526,425 for the flight and related costs. *See* AWC bill (Exhibit B).

- The Chesaning Nursing and Rehabilitation Center billed GEICO for residential care provided to a claimant at the rate of $8,450/day, which would equal $3.08 million/year. *See* Letter from GEICO to Chesaning Nursing and Rehabilitation Center and Photograph of the Center (Exhibit C).

- Prescribed Therapy billed Encompass Indemnity Company for two-person 24/7 in-home care provided to a claimant at the rate of $220/hour for R.N.-level care and $55/hour for home-health-aide-level care. On a daily basis, such care equals $6,600, and on a yearly basis, $2.41 million. *See* Prescribed Therapy sample bill (Exhibit D).

- Stefan Pribil, M.D., lives in Florida, but travels to Michigan only to perform spinal surgeries on patients injured in auto accidents. Dr. Pribil testified that he "treats patients who have the means to pay for my services," and clarified that those patients must pay cash or be covered by no-fault insurance. Out of approximately 200 surgeries performed in 18 months, he believes "almost all" were on auto accident victims. He admits that he increased his fees when he began operating in Michigan. He bills $99,920 to surgically decompress a spinal nerve root, and the outpatient surgical center where he performs the surgery charges an additional $200,000 per surgery. As he said, "To put it crudely, I collect whatever somebody is willing to pay me, and it is an acceptable payment. That's just the fact of life." *See* Deposition of Stefan Pribil (Exhibit E).

- Gravity Imaging initially billed Blue Cross Blue Shield of Illinois ("BCBSI") for five MRIs for a claimant who sustained injuries in a motor vehicle accident. Explanation of Benefits forms show that BCBSI approved payment for the five MRIs in the total amount of $1,700.55 (an average of $340 per MRI), subject to receiving certain information from Gravity Imaging. When Gravity Imaging learned that ACIA was responsible for paying for the MRIs, it billed ACIA 14.8x the amount it had billed BCBSI—$25,200 (an average of $5,040 per MRI). *See* Explanation of Benefits forms (Exhibit F).

- A claimant's mother drives her son to therapies and doctor visits following an injury he suffered in a motor vehicle accident. She formed a transportation company so that she could bill Farmers Insurance Exchange ("Farmers") at commercial transportation rates, rather than accept standard medical mileage or business mileage rates established by the

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IRS. During the last five months of 2019, she billed Farmers an average of $6,032/month ($72,379/year, if extrapolated over 12 months). *See* Road Runner Medical Transportation LLC bill and Limousine Certificate of Authority (Exhibit G).

- P-Stim devices are miniaturized, battery-powered, transcutaneous electrical stimulators designed and approved for use only as an acupuncture treatment. They cost about $175 per device. Medicare does not consider them reimbursable under any Benefit Category. The FDA has not reviewed them for treating pain. They can be safely applied by individuals with no surgical training. Despite this, pain management facilities charged no-fault insurers $3,975 or more for applying these topical devices to persons injured in auto accidents. *See* Complaint filed in *Allstate Ins Co v Mercyland Health Services, PLLC*, Case No 2:18-cv-13336, E D Michigan, Southern Division (Exhibit H).

V. THE AMENDED NO-FAULT ACT DOES NOT IMPAIR CONTRACTUAL RIGHTS

Plaintiffs allege that the amended No-Fault Act impairs their vested contractual rights, but it does not. Before the Legislature passed the amended No-Fault Act, the prior version provided that allowable PIP expenses consist of "reasonable charges incurred for reasonably necessary products, services and accommodations for an injured person's care, recovery, or rehabilitation." MCL 500.3107(1)(a). The amended No-Fault Act says exactly the same thing; and so do the auto insurance policies that cover the claims of Ellen Andary and Philip Krueger. Where the prior language, the language of the amended No-Fault Act, and the language of the insurance policies is all the same, it is hard to see how the amended No-Fault Act impairs anyone's contractual rights. Further, it is unclear what contract Eisenhower Center claims the amended No-Fault Act impairs as Eisenhower Center does not allege that it has a contract with Citizens; and it does not identify any contract with Philip Krueger or his guardian.

Yet, even if the Court finds that the amended No-Fault Act impairs plaintiffs' contractual rights, the Contract Clause prohibition on state laws impairing contracts is not absolute.

> A three-pronged test is used to analyze Contract Clause issues. The first prong considers whether the state law has operated as a substantial impairment of a contractual relationship. The second prong requires that legislative disruption of

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> contractual expectancies be necessary to the public good. The third prong requires that the means chosen by the Legislature to address the public need be reasonable.

Health Care Ass'n Workers Compensation Fund v Dir of Bureau of Workers' Compensation, 265 Mich App 236, 241 (2005). Each prong of the test favors upholding the amended No-Fault Act.

As for the first prong, even if the amended No-Fault Act affects Ellen Andary's or Philip Krueger's contractual rights, it does not substantially impair them. It allows them to receive all the same PIP benefits. In Ellen Andary's case, her family can still provide at least 56 hours/week of care needs, and USAA may choose to enter into a contract with the family to allow them to provide more. If USAA chooses not to contract with the family, Ellen Andary is still entitled to receive whatever care she needs from other sources. Likewise, Philip Krueger is still entitled to receive residential care. Either he must find it somewhere that is more cost effective, or Eisenhower Center must reduce its high costs. As for the second prong, as shown, the cost of PIP benefits is soaring, and the Legislature needed to find a way to lower the cost of no-fault auto insurance for the public good. As for the third prong, the Legislature tailored its reforms to the fraud and abuse that runs rampant through Michigan's no-fault insurance system.

VI. CONCLUSION

Amicus Curiae MCCA requests that the Court affirm the ruling of the Circuit Court.

Dated: August 16, 2021

By: */s/ KJ Miller*

Joseph K. Erhardt (P44351)
K.J. Miller (P62014)
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Defendant	**FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN**	**Attorneys** **Christopher Michael Jennings** *Retained* (517) 788-6290(W)
Plaintiff	**CANDLER, KALVIN**	**Douglas S. Dovitz** *Retained* (586) 773-0911(W)

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OTHER EVENTS AND HEARINGS

08/26/2015 **Complaint, Filed**
08/26/2015 **Service Review Scheduled**
08/26/2015 **Status Conference Scheduled**
08/26/2015 Case Filing and Jury Trial Fee - Paid
09/08/2015 Proof of Service, Filed
09/09/2015 Appearance of Attorney, Filed
09/17/2015 Answer to Complaint, Filed
09/17/2015 Interrogatories, Filed
09/17/2015 Request to Produce, Filed
09/17/2015 Witness List, Filed
09/21/2015 Answer to Affirmative Defenses, Filed
09/25/2015 Motion to Compel Action, Filed
09/25/2015 Praecipe, Filed (Judicial Officer: Fresard, Patricia Perez)
10/09/2015 **Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held
10/09/2015 **Motion to Compel Action Granted, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
10/13/2015 Order Compelling Action, Signed and Filed
10/26/2015 Motion to Compel Answers to Interrogatories, Filed
10/29/2015 Order Compelling Action, Signed and Filed (Judicial Officer: Fresard, Patricia Perez)
11/23/2015 **Status Conference** (8:15 AM) (Judicial Officer Fresard, Patricia Perez)
11/25/2015 Reset by Court to 12/04/2015
12/04/2015 Reset by Court to 11/23/2015
Result: Reviewed by Court
11/23/2015 Status Conference Scheduling Order, Signed and Filed (Judicial Officer: Fresard, Patricia Perez)
11/24/2015 Notice of Taking Deposition, Filed
11/24/2015 Notice of Taking Deposition, Filed
12/08/2015 Notice of Taking Deposition, Filed
12/08/2015 Notice of Taking Deposition, Filed
12/22/2015 Notice of Taking Deposition, Filed
02/04/2016 Witness List, Filed
02/16/2016 Witness List, Filed
02/29/2016 Motion for Summary Judgment/Disposition, Filed
02/29/2016 Praecipe, Filed (Judicial Officer: Fresard, Patricia Perez)
03/16/2016 Interrogatories, Filed
03/17/2016 Motion to Intervene, Filed
03/21/2016 Praecipe, Filed (Judicial Officer: Fresard, Patricia Perez)
03/24/2016 Answer to Motion, Filed
03/28/2016 Answer to Motion, Filed
03/31/2016 Answer to Motion, Filed
04/08/2016 **Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held for Further Settlement
04/08/2016 **Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held for Further Settlement
04/12/2016 Order, Signed and Filed
04/12/2016 Complaint for Intervention, Filed
04/18/2016 Brief in Support of Motion, Filed
04/20/2016 Answer to Motion, Filed
04/21/2016 Interrogatories, Filed
04/21/2016 Request for Production of Documents, Filed
04/22/2016 **Miscellaneous Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held
04/22/2016 **Miscellaneous Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez)
Result: Held
04/22/2016 **Motion Denied, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
04/25/2016 Order Denying Motion, Signed and Filed
05/17/2016 Claim of Appeal, Filed
06/14/2016 **Case Evaluation - General Civil**

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07/12/2016	**Case Evaluation - No Acceptance**
07/27/2016	**Motion to Intervene, Filed**
07/28/2016	**Miscellaneous Response, Filed**
07/28/2016	**Motion to Compel Answers to Interrogatories, Filed**
07/28/2016	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
08/02/2016	**Non-Party Filing**
08/05/2016	**Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) Result: Held
08/05/2016	**Motion Denied, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
08/05/2016	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
08/08/2016	**Order Granting Motion, Signed and Filed**
08/12/2016	*CANCELED* **Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) *Dismiss Non-Appearance*
08/15/2016	**Order Denying, Signed and Filed**
08/31/2016	**Settlement Conference** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) *07/25/2016 Reset by Court to 08/02/2016* *08/02/2016 Reset by Court to 08/31/2016* Result: Held for Further Settlement
08/31/2016	**Motion To/For Show Cause, Filed**
09/16/2016	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
09/22/2016	**Higher Court Order/Decision Received by Circuit Court**
09/23/2016	**Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) Result: Held
09/23/2016	**Motion Granted, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
10/03/2016	**Notice of Presentment**
10/04/2016	**Miscellaneous Action**
10/05/2016	**Motion for Stay of Proceedings, Filed**
10/05/2016	**Concurrence, Filed**
10/06/2016	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
10/14/2016	**Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) Result: Held
10/14/2016	**Motion Granted, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
10/17/2016	**Order Granting Motion, Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
10/18/2016	**Order Granting Motion, Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
10/18/2016	**Closed/Final - Ord for Stay of Proceedings, Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
11/17/2016	*CANCELED* **Settlement Conference** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) *Dismiss Hearing or Injunction*
01/17/2017	**File Sent**
10/24/2017	**Higher Court Order/Decision Received by Circuit Court**
10/24/2017	**Higher Court Order/Decision Received by Circuit Court**
01/30/2018	**Miscellaneous Motion, Filed**
01/30/2018	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
02/22/2018	**Answer to Motion, Filed**
02/22/2018	**Proof of Service, Filed**
03/05/2018	**Notice of Hearing, Filed**
03/05/2018	**Proof of Service, Filed**
03/27/2018	**Notice of Hearing, Filed**
03/27/2018	**Proof of Service, Filed**
04/02/2018	**Praecipe, Filed** (Judicial Officer: Fresard, Patricia Perez)
04/04/2018	**Motion Hearing** (9:00 AM) (Judicial Officer Fresard, Patricia Perez) *03/02/2018 Reset by Court to 03/27/2018* *03/27/2018 Reset by Court to 04/04/2018* Result: Held
04/04/2018	**Motion Granted in Part/Denied in Part, Order to Follow** (Judicial Officer: Fresard, Patricia Perez)
04/04/2018	**Proof of Service, Filed**
04/05/2018	**Ord to Lift Stay of Proceedings (Reopened), Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
04/05/2018	**Closed/Final - Judgment Granted, Signed and Filed** (Judicial Officer: Fresard, Patricia Perez)
04/20/2018	**Circuit Court Case File Received**

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Defendant FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN

Total Financial Assessment		145.00
Total Payments and Credits		145.00
Balance Due as of 09/27/2022		**0.00**

09/25/2015	Transaction Assessment		20.00
09/25/2015	Civil File & Serve Payment Receipt # 2015-83068	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
10/26/2015	Transaction Assessment		20.00
10/26/2015	Civil File & Serve Payment Receipt # 2015-92139	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
02/29/2016	Transaction Assessment		20.00
02/29/2016	Civil File & Serve Payment Receipt # 2016-17352	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
05/17/2016	Transaction Assessment		25.00
05/17/2016	Civil File & Serve Payment Receipt # 2016-41460	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(25.00)
07/28/2016	Transaction Assessment		20.00

07/28/2016	Civil File & Serve Payment	Receipt # 2016-62020	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
08/31/2016	Transaction Assessment			20.00
08/31/2016	Civil File & Serve Payment	Receipt # 2016-72907	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)
10/05/2016	Transaction Assessment			20.00
10/05/2016	Civil File & Serve Payment	Receipt # 2016-83564	FARM BUREAU MUTUAL INSURANCE COMPANY OF MICHIGAN	(20.00)

Plaintiff CANDLER, KALVIN
Total Financial Assessment 255.00
Total Payments and Credits 255.00
Balance Due as of 09/27/2022 **0.00**

08/26/2015	Transaction Assessment			235.00
08/26/2015	Civil File & Serve Payment	Receipt # 2015-74159	CANDLER, KALVIN	(235.00)
01/30/2018	Transaction Assessment			20.00
01/30/2018	Civil File & Serve Payment	Receipt # 2018-08403	CANDLER, KALVIN	(20.00)

Proposed Intervening Party Keyyan Medical, PLLC
Total Financial Assessment 20.00
Total Payments and Credits 20.00
Balance Due as of 09/27/2022 **0.00**

07/27/2016	Transaction Assessment			20.00
07/27/2016	Civil File & Serve Payment	Receipt # 2016-61789	Keyyan Medical, PLLC	(20.00)

Proposed Intervening Party The Pain Center USA, PLLC
Total Financial Assessment 20.00
Total Payments and Credits 20.00
Balance Due as of 09/27/2022 **0.00**

03/17/2016	Transaction Assessment			20.00
03/17/2016	Civil File & Serve Payment	Receipt # 2016-23410	The Pain Center USA, PLLC	(20.00)

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