

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS

WENDY WALDEN,)	
Plaintiff,)	
)	
v.)	Case No.: 3:16-cv-01216-NJR-RJD
)	
PIER I IMPORTS (U.S.), INC., and)	
HEIDI HOLTGREWE,)	
Defendants.)	

**PLAINTIFF’S ANSWERS TO THE FIRST SET OF INTERROGATORIES
DIRECTED TO PLAINTIFF**

COMES NOW Plaintiff WENDY WALDEN by her attorneys, Brown & Brown LLP, hereby providing Defendant with the following answers to interrogatories:

1. Please state:

- a. The name and current address of the person or persons answering these interrogatories;**
- b. His or her relationship to Plaintiff; and**
- c. His or her position of employment.**

ANSWER: (a) Wendy Walden 1845 Kinsella Ave, Swansea, IL 62226; (b) Self; (c) N/A

2. State whether you are aware of any video, pictures or other form of recording concerning the acts of wrongdoing alleged in the Complaint, and if so, for each such video, pictures or other form of recording, please state:

- a. The method of recording;**
- b. The name of the person that made the recording;**
- c. Date, place and time taken or produced;**
- d. Name and address of each person involved in recording it;**
- e. Names and addresses of all persons present when it was recorded; and**
- f. The names and addresses of the persons or organizations under whose direction or upon whose behalf it was recorded.**

ANSWER: Plaintiff is not aware of any video, picture, or other form of recording regarding this incident. Further, Plaintiff’s understanding is that Defendants may have possessed a recording of the incident at one time, as a store employee advised that they would check the video and have “corporate” provide her with an incident report.

3. Are you aware of any statement made by any of the defendants regarding the events described in the Complaint, whether oral, written, or recorded in any way, and, if so, state the following:

- a. Date, place and time of the statement;
- b. Names and addresses of all persons who participated in taking the statement;
- c. Names and addresses of all persons who were present when the statement was made;
- d. Whether the statement was oral, written, shorthand, recorded, taped, etc.;
- e. Whether the statement was signed;
- f. Names and addresses of all persons or organizations under whose direction and upon whose behalf the statement was taken or made; and
- g. Please attach an exact copy of the statement, interview, report, film or tape to your answers to these interrogatories, but if the statement was oral, please state verbatim the contents thereof.

ANSWER: Plaintiff recalls the following statements/conversations with Defendants' agents/employees about this incident:

- Plaintiff asked a 40ish African American employee of Pier 1 to get a chair down from a table so she could look at it. Plaintiff recalls the employee doing so and telling her that she should find her if she wanted to purchase the chair.
- Plaintiff recalls being asked by a tall, slender man in his early 20s whether she was finished looking at the chair and whether he should put it back on the table. Plaintiff recalls that she told him he could do so.
- Plaintiff recalls talking to the tall, slender man again after she was struck by the chair. Plaintiff recalls him nervously laughing while she was angry about the incident. Plaintiff recalls him asking if she wanted to purchase the chair.
- Plaintiff recalls talking to someone who identified herself as a manager (a younger white female) soon thereafter about the incident and about the tall, slender man's laughter. Plaintiff recalls being asked if she wanted to fill out an incident report and Plaintiff advised that she would be willing do so, but her head hurt at the moment.
- After some time passed, Plaintiff recalls speaking again with the same woman who got the chair down for her originally. Plaintiff placed an order with this employee for a chair.
- A couple of days after the incident, Plaintiff returned to Pier 1 to inform the manager on duty at that time (a woman) that she needed a copy of an incident report because her headache and neck pain were worsening and she was going to seek medical treatment. That person asked for the date and time of the incident so they could look at the store security tapes and check for an incident report. Plaintiff recalls this person left a voicemail on her cell phone later that day advising Plaintiff that someone from corporate would contact her.
- Plaintiff is not presently aware of any other statements made by the defendants regarding this incident.

4. With respect to expert witnesses:

- a. Identify each person whom plaintiff expects to call as an expert witness at trial, stating for each such expert:

- i. Name;
- ii. Address;
- iii. Occupation;
- iv. Place of employment; and
- v. Qualifications to give an opinion (if such information is available on an expert's curriculum vitae, you may attach a copy thereof in lieu of answering this interrogatory subpart).

b. With respect to each expert listed, please state the subject matter on which the expert is expected to testify and the expert's hourly deposition fee; and

c. Identify each non-retained expert witness, including a party who plaintiff expects to call at trial who may provide expert witness opinion testimony by providing the expert's name, address, and field of expertise. State also any opinions that the expert will testify to at trial.

ANSWER: Plaintiff has not yet made a determination as to who will be called to testify at trial. The following persons may be called:

- Plaintiff anticipates testifying about the events before, during and after the occurrence. Plaintiff may also testify as to complaints and problems with activities of daily living after the occurrence, including ongoing and/or permanent pain and limitations related to the occurrence. Plaintiff will testify as to medical treatment received, the reasonableness of said treatment, the bills incurred and/or to be incurred as a result of the occurrence, and any subjects identified in discovery responses and/or deposition testimony.
- Plaintiff anticipates friends and/or family members may be called testify about the events before and after the occurrence. These witnesses may also testify as to Plaintiff's complaints and problems with activities of daily living after the occurrence, including ongoing and/or permanent pain and limitations related to the occurrence. These witnesses may testify and/or may offer lay opinion about Plaintiff's medical treatment, the reasonableness of said treatment and the bills incurred and/or to be incurred as a result of the occurrence, and any subjects identified in discovery responses and/or deposition testimony.
- Plaintiff anticipates calling Defendant to testify about the events before, during and after the occurrence. This witness may be asked to testify as to Plaintiff's medical treatment, the reasonableness of said treatment, the bills incurred and/or to be incurred as a result of the occurrence, as well as any subjects identified in discovery responses and/or deposition testimony.
- Plaintiff anticipates calling as of yet unknown employees and agents of Defendant to testify about the events before, during and after the occurrence. These witnesses may be asked to testify as to Plaintiff's medical treatment, the reasonableness of said treatment, the bills incurred and/or to be incurred as a result of the occurrence, as well as any subjects identified in discovery responses and/or deposition testimony.
- Plaintiff may call anyone named or identified in any discovery responses and/or deposition testimony by any party in this case to testify about the events before,

during and after the occurrence as well as any subjects identified in the discovery responses and/or deposition testimony.

- Plaintiff anticipates calling treating physicians and/or their staff to testify about Plaintiff's medical treatment stemming from the occurrence, the reasonableness of the medical treatment and bills incurred and/or to be incurred as a result of the occurrence, the possible need for future treatment needed as a result of the occurrence, Plaintiff's occurrence related limitations (including ongoing and/or permanent pain and limitations related to the occurrence), and any subjects identified in discovery responses and/or deposition testimony.
- Plaintiff has not yet made a determination as to whether any experts will be retained. Plaintiff shall seasonably supplement this interrogatory.

5. State the names and addresses of every person known by Plaintiff, Plaintiffs representatives or Plaintiffs attorney to have knowledge of or information related to the allegations against Defendants.

ANSWER: None known to Plaintiff or Plaintiff's attorneys other than Plaintiff, an unknown female shopper who left the premises shortly after the incident, Defendants (and their agents and employees), and medical providers (contained in Plaintiff's medical records).

6. State whether written or recorded statements have been obtained from anyone identified in the above answer with regard to the facts or circumstances surrounding the events described in the complaint. If so, state the following:

a. The names, addresses, and employers of persons whose statements were obtained; and

b. The name, address, employer, and job title of the person presently having control or custody of each statement.

ANSWER: Plaintiff is not aware of any written or recorded statements regarding this incident other than those contained in her medical records and one which may have been prepared by Defendants as a result of this incident.

7. State whether Plaintiff has ever been convicted of any felony or misdemeanor and, if so, please state:

a. The date of any such conviction or plea;

b. The state where the conviction or plea occurred; and

c. The offense for which the plaintiff was convicted or pleaded guilty.

ANSWER: Plaintiff has not been convicted of a felony or misdemeanor.

8. Identify each and every civil lawsuit, other than the present one, in which you have been either a defendant or a plaintiff, including the names of the parties, the case number, the court in which the lawsuit was filed, and the years in which the lawsuit was both filed and resolved.

ANSWER: Plaintiff was involved in a car crash in 2003 or 2004 in which she was rear-ended and suffered a low back injury. Plaintiff recalls the claim was resolved via mediation and thinks a suit was filed in St. Clair County, Illinois; however, the online

St. Clair County Clerk of Court records do not show any filed lawsuit.

9. Identify each category of damages you are seeking as a result of the wrongful conduct alleged in the Complaint, and for each such category of damage, state the factual basis and the dollar amount claimed.

ANSWER: Medical Bills: \$24,792.16 (Known total; not final)
Loss of Normal Life: \$ Unknown
Pain & Suffering: \$ Unknown
Lost Wages/Earning Capacity: \$ NONE

10. State whether you sought treatment from any health care provider for any condition which you allege was caused by, aggravated, or exacerbated by the wrongful conduct alleged in the Complaint, and if so, for each such provider from which you sought treatment, identify:

- a. The name and address;
- b. The condition(s) for which you were examined and/or treated;
- c. The nature of the treatment received;
- d. The number of visits and the specific dates of said visits;
- e. The amount charged for your treatment; and
- f. The amount actually paid by you or by someone else on your behalf for your treatment.

ANSWER: See medical records previously produced for conditions treated.

Belleville Memorial Hospital 4500 Memorial Drive Belleville, IL 62226	
12/9/2014	\$2,754.68
CEPAmerica Illinois LLP 1601 Cummins Dr. Ste. D Modesto, CA 95358	
12/9/2014	\$404.00
Clinical Radiologists, S.C. 2040 W. Iles Ave. Ste. C Springfield, IL 62704	
12/9/2014-12/23/2014	\$633.50
PC Associates 310 N. 7 Hills Rd. O'Fallon, IL 62269	
12/11/2014-1/11/2016	\$1,730.00
Belleville Memorial Hospital 4500 Memorial Drive Belleville, L 62226	
12/11/2014	\$799.00
Belleville Memorial Hospital 4500 Memorial Drive Belleville, IL 62226	
12/23/2014	\$3,560.00
Gateway Neurology 1261 University Drive Ste. E Edwardsville, IL 62025	
1/29/2015-10/9/2015	\$978.00
Belleville Memorial Hospital 4500 Memorial Drive Belleville, IL 62226	
5/27/2015	\$356.00
375th Medical Group 310 West Losey Street Scott AFB, IL 62225	
6/3/2015	\$176.80
Belleville Mem Hosp Mental Health 4500 Memorial Drive Belleville, IL 62226	
6/12/2015-Present	\$6,030.00 (through 4/28/2015)
Belleville Memorial Hospital 4500 Memorial Drive Belleville, IL 62226	
6/19/2015	\$512.00

Beltline Chiropractic 414A Beltline Rd Collinsville, IL 62234	
11/30/2015-5/3/2016	\$6,906.00
Radiology Consultants Midwest PO BOX 7747 Chesterfield, MO 63006	
2/9/2016-5/10/2015	\$323.04
O'Fallon Family Physicians	
01/2017 to Present	\$Unknown (Will supplement)

11. State whether you sought treatment from any mental health care provider for any condition which you allege was caused by, aggravated, or exacerbated by the wrongful conduct alleged in the Complaint, and if so, for each such mental health care provider from which you sought treatment, identify:

- a. The name and address;
- b. The condition(s) for which you were examined and/or treated;
- c. The nature of the treatment received;
- d. The number of visits and the specific dates of said visits;
- e. The amount charged for your treatment; and
- f. The amount actually paid by you or by someone else on your behalf for your treatment.

ANSWER: Belleville Mem Hosp Mental Health 4500 Memorial Drive Belleville, IL 62226
6/12/2015- Present \$6,030.00 (through 4/28/2016)

Plaintiff is presently in treatment for previously undiagnosed/untreated bipolar/hypermanic disorders which were either aggravated or caused by this incident. Plaintiff received and will receive counseling and medication for these conditions. Plaintiff's treatment records and bills have been disclosed to Defendants. Plaintiff pays approximately \$125/month out-of-pocket for this treatment and her insurance (Tricare) picks up the balance.

12. Does Plaintiff claim a loss of earnings, wages, or income as a result of the events described in the complaint? If so, please state:

- a. The name and address of Plaintiff's employer at the time of the events described in the complaint;
- b. The rate of pay with that employer;
- c. The amount of Plaintiff's claim, and show exactly how that amount was calculated;
- d. List each day, by specific date, that Plaintiff claims he has been unable to work because of the events described in the complaint;
- e. If Plaintiff had a loss of income other than missing time from work, state the amount of the loss , the nature of the loss , and how the amount of the loss was calculated; and
- f. Please sign the attached employer authorization and insert the name and address of the employer.

ANSWER: Plaintiff is not claiming a loss of earnings, wages, or income.

13. What expenses, listing them by item, were incurred in connection with the alleged injuries sustained by Plaintiff as set forth in the Complaint?

ANSWER: Plaintiff's medical bills have been previously disclosed. Plaintiff will supplement with other expenses, if necessary.

14. State whether you have incurred any other expenses not listed in answers to the previous interrogatories which you claim were necessitated by or attributable to the act(s) of wrongdoing alleged in your Complaint. If your answer is in the affirmative, please state:

- a. The product or service for which the expense was incurred;
- b. The name and address of the person or entity from who the product or service was purchased;
- c. The date upon which said product or service was purchased; and
- d. The amount charged for the product or service purchased.

ANSWER: Plaintiff will supplement if necessary.

15. State whether Plaintiff consumed alcoholic beverages, medication, or drugs within a forty eight (48) hour period prior to the incident alleged to in the Complaint, and if so, state the names and addresses of the places where said alcoholic beverages, medication, or drugs were consumed and describe the quantity and type of drinks, medication or drugs which were consumed in said period of time.

ANSWER: Plaintiff does not recall consuming any alcoholic beverages, medications, or drugs within 48 hours prior to the accident.

16. State whether you are currently employed. With respect to each current employer, state:

- a. The name, business address, and business telephone of the employer(s);
- b. Date you began employment with the employer(s);
- c. Your current position and job title;
- d. The name, business address, and business telephone number of your immediate supervisor;
- e. Your job duties; and
- f. Your starting and, if different, current rate of compensation.

ANSWER: Plaintiff is not presently employed.

17. State your employers for the twenty years prior to your current employer. With respect to each such employer, state:

- a. The name, business address, and business telephone of the employer(s);
- b. Date you began employment with the employer(s) ;
- c. Your position and job title;
- d. The name, business address, and business telephone number of your immediate supervisor;
- e. Your job duties; and
- f. Your starting and, if different, final rate of compensation.

ANSWER: Plaintiff recalls the following employment in the last 20 years:

- From late October 2016 to early January 2017, Plaintiff worked at Ruby's 2708 N. Illinois St., Swansea, IL 62226; (618) 744-7106 as a host/server.

- In 2006, Plaintiff was self employed as a housecleaner.
- From approx 2004-2005, Plaintiff worked in the bakery area of Ryan's Steakhouse in Swansea, Illinois (now closed).
- In approximately 2001-2002, Plaintiff worked at the Marine Corps Base Quantico in a fast food restaurant.
- In approximately 1997-2000 Plaintiff was a commissary worker at Chievres Air Force Base in Belgium

18. Please state whether or not you have had any conversation(s) or communication(s), in the past ten (10) years, with any Defendant. If so, further set forth for each conversation or communication:

- a. The nature and substance of each conversation or communication;**
- b. The date and time of day of each such conversation or communication; and**
- c. Whether the conversation or communication was oral or written, and if written, the identity of the present custodian of such written conversation or communication.**

ANSWER: Plaintiff does not currently recall any conversations with the Defendant in the last 10 years, other than those which took place on the day of the incident and soon thereafter, other than those she would have had relating to being a shopper at Pier 1 Imports.

19. State whether you have previously suffered any injuries to any part of your body that you allege was injured by the events described in your Complaint. NOTE: This request includes any prior psychological injuries. For all such injuries, describe the date and circumstances of the injury and if you sought treatment for the injury, identify:

- a. The name and address of the medical care provider;**
- b. The condition(s) for which you were examined and/or treated;**
- c. The nature of the treatment received;**
- d. The number of visits and the specific dates of said visits;**
- e. The amount charged for your treatment; and**
- f. The amount actually paid by you or by someone else on your behalf for your treatment.**
- g. Please sign and return the attached medical authorization, after inserting the names and addresses of the doctors, hospitals or health care providers who treated you for such injuries.**

ANSWER: Plaintiff was in a motor vehicle accident in 2003 or 2004 in which she injured her low back for which Plaintiff was treated at Belleville Memorial Hospital; Plaintiff presently recalls no prior treatment for the body parts injured in this incident or any prior mental health treatment.

20. Please state whether or not Plaintiff has ever applied for any type of disability benefit from any entity (governmental, insurance, employer, etc.), and if so, please state:

- a. The date of each application.**

- b. The name and address of the entity.
- c. The reason for the application (i.e., the nature of the injury causing the disability).
- d. Whether or not any disability benefits were actually received including, but not limited to, payments received from Medicare or Medicaid and if so, state the dates received and the amounts.
- e. When payment of the benefits began and when it ended.

ANSWER: Plaintiff does not recall applying for any such benefits.

21. Is Plaintiff presently enrolled in or has she ever been enrolled in Medicare Part A or B, or ever applied for or received Social Security Disability Benefits? If the answer is yes, provide a description of the injury or condition at issue, date of onset, and the date and amount of any application for or receipt of benefits and complete the attached forms. If she has ever been denied a request for any such benefits, state whether that decision has been or will be appealed.

ANSWER: Plaintiff does not receive, nor has she applied for, Medicare benefits or Social Security Disability benefits.

WENDY WALDEN

By: /s/Kenneth B. Beljanski
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CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing was sent via email on March 3, 2017 to the following:

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