

IN THE CIRCUIT COURT, SEVENTH  
JUDICIAL CIRCUIT, IN AND FOR  
FLAGLER COUNTY, FLORIDA

CASE NO.: 2017-CA-000203

IMAD MANSOUR and  
GAIL MANSOUR, his wife,

Plaintiffs,

vs.

CAPTAIN'S BAIT, TACKLE & BBQ, LLC,  
and COUNTY OF FLAGLER,  
a political subdivision of the State of Florida,

Defendants.

PLAINTIFF'S, IMAD MANSOUR, RESPONSE TO DEFENDANT'S, CAPTAIN'S BAIT,  
TACKLE & BBQ, LLC, REQUEST TO PRODUCE TO IMAD MANSOUR

1. A properly executed Authorization for obtaining a true and correct copy of his Federal Income Tax Returns for the years 2013, 2014, 2015 and 2016, when filed (said Authorization is attached to the Plaintiff's copy of this Request for Production).

**RESPONSE: Objection. Plaintiff is not claiming lost earnings or earning capacity, so documents will not lead to the discovery of admissible evidence.**

2. Photographs depicting the area where Plaintiff's accident occurred on the date of the accident.

**RESPONSE: Photos of scene, plaintiff, shoes and shorts enclosed.**

3. Photographs depicting the condition on the premises that allegedly caused Plaintiff's Accident.

**RESPONSE: Same as response to request number 2.**

4. All photographs taken after the day of the accident of the area where Plaintiff's accident

occurred.

**RESPONSE: Same as response to request number 2.**

5. The footwear Plaintiff was wearing at the time of the accident.

RESPONSE: Same as response to request number 2.

6. Photographs of the footwear Plaintiff was wearing at the time of the accident.

**RESPONSE: Same as response to request number 2.**

7. Photographs depicting Plaintiff's clothing worn at the time of the accident in its condition immediately after the incident.

**RESPONSE: Same as response to request number 2.**

8. Copy of the receipt for all purchases made at Captain's Bait, Tackle & BBQ on the date of the accident.

**RESPONSE: Plaintiff has a Visa Card statement showing purchase from Captain's Bait, Tackle & BBQ on 8/5/16.**

9. All photographs taken by Plaintiffs or of Plaintiffs on the date of the accident.

**RESPONSE: Same as response to request number 2.**

10. Copies of all medical bills, nursing bills, drug bills, and all other bills supporting Plaintiff's claim for damages herein, together with all existing medical, dental and hospital records and reports of Plaintiff's condition, if any, claimed to be related to the incident which is the subject matter of this cause.

**RESPONSE: Copies of all medical records and bills in Plaintiff's possession are enclosed.**

11. "Statements", within the meaning and definitions in Rule 1.280(b), Florida Rules of Civil Procedure, made or given by the Defendant, the agents of Defendant and employees, to be produced prior to any depositions of any said persons.

**RESPONSE: None.**

12. A copy of your driver's license front and back.

**RESPONSE: Enclosed.**

13. A copy of your health insurance card(s) front and back.

**RESPONSE: Enclosed.**

14. A copy of your automobile insurance card(s) front and back.

**RESPONSE: N/A.**

15. All documents and items specified in your Answers to Interrogatories as coming within Rule 1.350(c), Florida Rules of Civil Procedure, exercising the option to produce records in lieu of summary based on said records and reports.

**RESPONSE: None.**

16. A copy of any Medicare card that has been issued to you; any communication(s) from Medicare that you are entitled to or will become eligible for Medicare benefits; any and all claim(s) and/or application(s) along with all other documentation including medical records submitted in any written or electronic form to the Social Security Administration for disability benefits; any and all decision(s) in any form from the Social Security Administration regarding any claim for disability benefits; any and all appeal(s) and/or decision(s) from the Social Security Administration regarding any claim(s) for disability benefits; any and all decision(s) from an Administrative Law Judge regarding any claim(s) for disability benefits; and any and all explanation of benefits notice(s) from the Center for Medicare and Medicaid Services.

**RESPONSE: N/A. Plaintiff has AARP Medicare replacement insurance. Copy off insurance card enclosed.**

**CERTIFICATE OF SERVICE**

I certify that on this 14<sup>th</sup> day of June 2017, a copy hereof has been filed with the court via Florida Courts E-filing Portal, which will send copies electronically to all parties of record, and a copy, along with documents produced, has been emailed to John L. Morrow, Esq. at [eserviceconroysimberg.com](mailto:eserviceconroysimberg.com) and [jmorrow@conroysimburg.com](mailto:jmorrow@conroysimburg.com).



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