

MICHAEL F. BRICE, a minor §
Seventeen (17) years of age,
who sues by and through his §
father and next friend,
CHARLES BRICE, §

IN THE CIRCUIT COURT OF
BALDWIN COUNTY, ALABAMA

Plaintiff, § AT LAW

vs. §

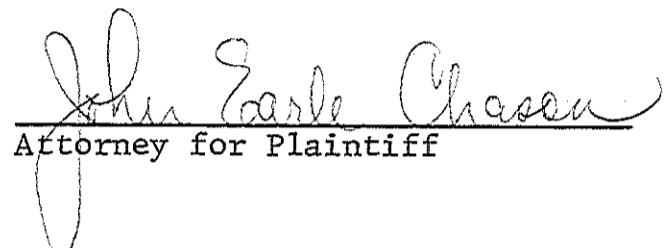
ELMER DAVIS; LEWIS BEAR
COMPANY, INCORPORATED, a
corporation; ABBIE DAVIS;
and ST. BARTHOLOMEW CHURCH,
jointly and separately, §

Defendants. § CASE NO. 9651

C O M P L A I N T

Plaintiff claims of the defendants the sum of TWENTY
THOUSAND AND NO/100 (\$20,000.00) DOLLARS, damages, for
that heretofore and on, to-wit, May 26, 1969, the defen-
dants so negligently operated a motor vehicle on State
Road 298, commonly referred to as Lillian Highway, at a
point thereon, to-wit, one-quarter mile west of the inter-
section of State Road 298 and Fairfield Drive, six miles
west of Pensacola, Escambia County, Florida, at which
point said road is a public road in Escambia County,
Florida, as to cause same to collide with a motor vehicle
then and there occupied by plaintiff on said Lillian
Highway, and as a direct and proximate result of the
negligence of the defendants as aforesaid, the plaintiff
suffered the following injuries and damages: he was
made sick, sore and lame; his body was bruised and broken;

he sustained lacerations of the scalp; he sustained a wound to the left leg; he sustained a comminuted supra-condylar fracture of the right femur; he was caused to suffer severe physical pain and mental anguish, still so suffers and will so suffer in the future and he was permanently injured.


John Earle Chaser
Attorney for Plaintiff

FILED

JAN 28 1971

EUNICE B. BLACKMON CIRCUIT CLERK

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

Ortho. Clinic

Naval Hospital

Pensacola, Florida 32512

23 JUL 1970

23

Patient returns to follow up visit. Now 14 months post fracture. No pain at fracture site but continues to stiffness of the knee. The following physical findings are present at this date:

- (1) 1" leg length discrepancy ~ ^(R) by shoe stand (~ - wearing 3/4" built up or shoe)
- (2) 1 1/2" quadriceps atrophy in ^(R)
- (3) ROM of ^(R) knee
Lacks ext 20° of full extension
Flexion to 80°
No instability
- (4) Moderate binding of quadriceps mechanism
^(R) knee

The above findings are considered permanent @ this date post fracture.

Cuthill

FILED

JAN 28 1971

EUNICE B. BLACKMON CIRCUIT CLERK

Michael Price v. Lewis Gear Co.

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	
26 MAY 1969	3 SEPTEMBER 1969	COP	

(Sign and date at end of narrative)

PAGE II.

Messingue
A. S. BARRETTO
LCDR MC USNR

APPROVED:

F.O.B.
F. O. BARGATZE
CDR MC USN
CHIEF OF ORTHOPAEDIC SERVICE

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
BRICE, MICHAEL F. DEP/SON/USN/RET 2505223 NAVHOSP, PNCLA, FLA.		590438	F
NARRATIVE SUMMARY Standard Form 502 605-106			

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	
26 MAY 1969	3 SEPTEMBER 1969	ASB/lva	

(Sign and date at end of narrative)

DIAGNOSIS: (1) HEMOPHILIA 2950
(2) FRACTURE, SUPRACONDYLAR, FEMUR, RIGHT 8210-825

This 17 year old white male is a known hemophiliac. He was involved in a bus-truck accident and was thrown into the forward seat hitting his right distal femur with consequent pain, tenderness and swelling of the right distal thigh with limitation of range of motion of the knee and the hip. The patient was seen in the Emergency Room and was given one unit of antihemophilic globulins and a Steinman pin was inserted into the proximal tibia for purposes of skeletal traction.

Past medial history and family history reveals that his two brothers are also known hemophiliacs, ages 5 and 13. One brother, age 9, is non-hemophilic. Two sisters, ages 19 and 16, are non-hemophiliacs. He has stiffness of the right shoulder, left elbow and right knee. He is allergic to tincture of Benzoin which gives him a skin rash.

Physical findings revealed a small laceration of the vertex of the scalp which is clean and sutured. There is a puncture wound of the left thigh. The right lower extremity showed marked swelling of the knee joint with marked tenderness and marked limitation of range of motion of the knee. Neurovascular to the lower lateral extremity was intact.

Laboratory examinations including CBC, urinalysis, and serology were all within normal limits. Multiple clotting time determinations showed a fluctuating clotting time. Chest x-ray was within normal limits. X-ray of the right femur shows comminuted supracondylar fracture of the femur in acceptable position. Followup x-rays showed progressive healing of the supracondylar fracture of the right femur. Final x-ray shows good healing of the fracture of the supracondylar area of the right femur.

Hospital Course: On admission, the patient was placed on bedrest and a Steinman pin was inserted through the proximal tibia. The patient was placed in balanced skeletal traction with an attachment for motion of the knee joint. Isometric exercises of the muscles of the right lower extremity together with active range of motion exercises of the right knee in traction was advised. The Steinman pin was removed two months post fracture and range of motion exercises were started to the right knee. At the time of discharge, the patient had full extension to about 70° of flexion. The patient was discharged on 3 September 1969 and continued active range of motion exercises to the right lower extremity and progressive ~~Karck~~ exercises were advised. The patient is to be followed up in the Orthopaedic Clinic.

(Use additional sheets of this form (Standard Form 502) if more space is required)

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PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
BRICE, MICHAEL F. DEP/SON/USN/RET 2505223 NAVHOSP, PNCLA, FLA.		590438	F

NARRATIVE SUMMARY
Standard Form 502
502-108

FLORIDA TRAFFIC ACCIDENT REPORT 1022
2022 EDITION DEPARTMENT OF PUBLIC SAFETY, TALLAHASSEE, FLORIDA

TIME and LOCATION	DATE OF ACCIDENT	DAY OF WEEK	TIME OF DAY	
	5-26-69	Monday	7:35 A. M.	
COUNTY	CITY, TOWN OR COMMUNITY			
Escambia				
If accident was outside city limits, indicate distance from nearest town		<input type="checkbox"/> Pool <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Stream Mile Kilometer E W N S	or	
			City, Village or Township	
ROAD OR TRAIL ACCIDENT OCCURRED		ON	AT ITS EXTREMITY	
CR-298 (Lillian Hwy)		ON	END	
MILE MARKER		BTWN	NEAREST MARKER BY NAME OR NUMBER	
OF ROAD AS DISTANCE FROM INTERSECTION		<input type="checkbox"/> Pool <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Stream Mile Kilometer E W N S	or	Fairfield Drive Intersection of Highway CR-298, ECR-298, CR crossing, intersection or corner Show exact location, intersection name of highway, CR, ECR, CR crossing, intersection or corner
IS DRIVING SPEED STATED IN ANOTHER?		No		

YEAR 1964	MAKE Plymouth	TYPE (Sedan, Deuce, Van, etc.) 2 dr. Sedan	VEHICLE LICENSE PLATE NO. 5-15269	STATE Alabama	YEAR 1969
POINTS OF VEHICLE Damaged	Front None	Side None	Front None	Side None	REAR None
NUMBER OF DOORS - Name of company <input type="checkbox"/> Farm Bureau	ADDRESS - Number and street James L. CRESAP 623 E. Myrtle Foley, Alabama				
OWNER - First or type FULL name Same as owner	OCCUPATION - Number and street Accountant				
DRIVER - Exactly as on Driver's license Same as owner	DATE OF - Month - Day - YEAR BIRTH 8-8-34				
DRIVER'S ADDRESS - Number and street " "	DRIVERS LICENSE TYPE Oper NUMBER 2309251 STATE Alabama				
OCCUPATION Print Name	ADDRESS - Number and street City and State				
Front Left					
Rear Left					
Front Right					
Rear Right					
Front Center					
Rear Center					

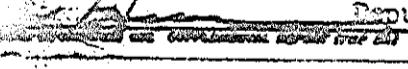
YEAR 1966	MAKE Chevrolet	TYPE Eco-Van-Truck	VEHICLE LICENSE PLATE NO. 9 G/H-745	STATE Florida	YEAR 1969
PARTS OF VEHICLE damaged		Front Left Front Right Rear Left Rear Right Top	Was rolled or damaged? Total body damage	COST (approximate) 600.00	
LIABILITY INSURANCE - Name of company Midwest Insurance Company					
CARRIER - Type of insurance Lewis Bear Company			ADDRESS - Number and street 4150 W. Blount Street		
CARRIER - Name of carrier Lewis Bear Company			OCCUPATION Salesman	DATE OF - Month - Day - Year BIRTH 1-29-44	
ACCIDENT ADDRESS - Number and street Rt. 1, Box 28A Fairhope, Alabama			DRIVER'S LICENSE TYPE Oper	DRIVER'S LICENSE NO. 2071835	
ACCIDENT ADDRESS - Number and street			CITY AND STATE Alabama		
ACCIDENT DATE					
FIREARM					
TOOK PHOTO					
DOOR BLOWN					
DOOR JETTER					
DOOR PUNK					

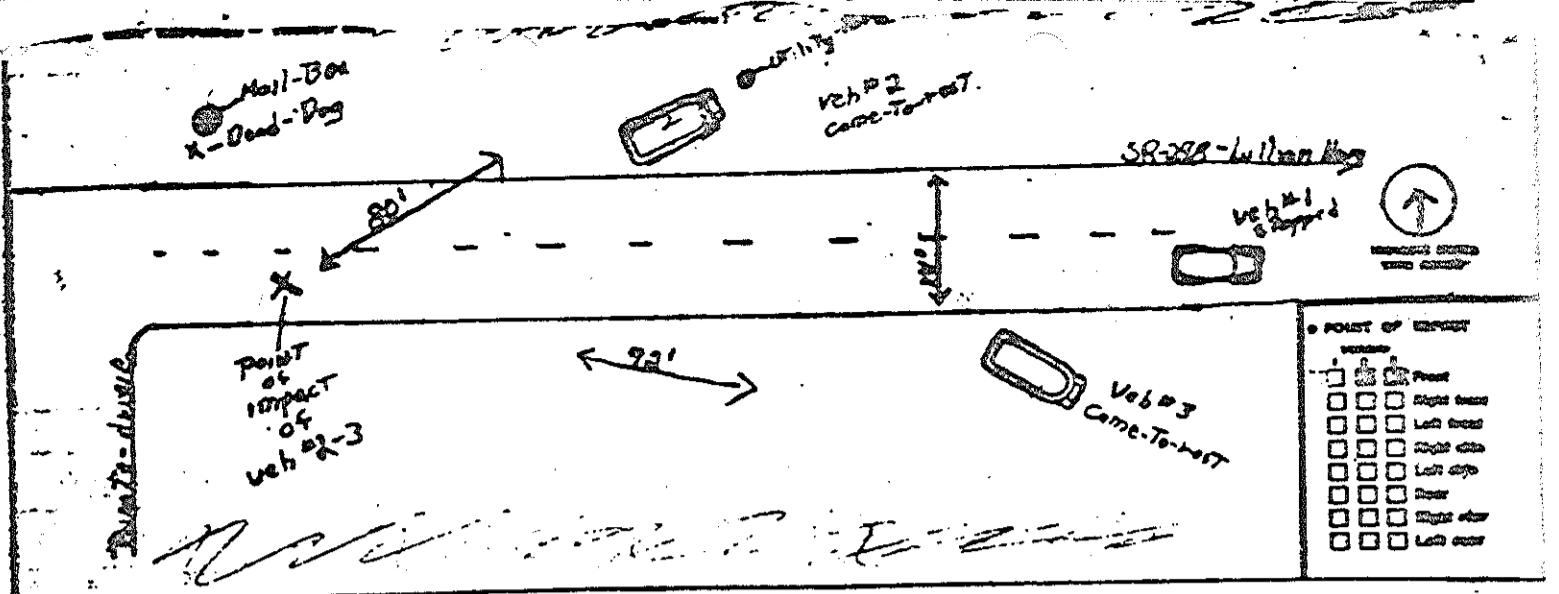
PROPERTY BURNED - Other than vehicles	AMOUNT	OWNER - Name	ADDRESS - Number and street	CITY AND STATE
None				
NAME	ADDRESS - Number and street			CITY AND STATE
None				
CODE FOR BURNT Please mark the applicable code(s)				
<input type="checkbox"/> C - Burned as caused or believed to be the result of <input type="checkbox"/> A - Caused or aided by others, so knowingly caused or <input type="checkbox"/> D - Other causes known or known, so reasonably <input type="checkbox"/> B - Other causes unknown or believed, reasonably <input type="checkbox"/> E - No cause known but suspected of being <input type="checkbox"/> F - Reasonable suspicion of arson. <input type="checkbox"/> G - No indication of robbery.				
PLATE NO. GIVEN BY	SEARCHED	TAKEN TO	BY	
McGovern Amb. Co.		Secret Heart/Navy Hospitals: McGovern Amb Co.		
SEARCHED - Number and street		SEARCHED NO.	LA NO.	DEPARTMENT
		M-3		Escambia Co Sheriffs Offi
Deputy Sheriff		DATE OF REPORT		
		5-26-69		

DATE OF ACCIDENT	5-26-69	DAY OF WEEK	Monday	TIME OF DAY	7:35 A.M.
CITY/TOWN OR COMMUNITY	Econobia				
IF VEHICLE WAS REMOVED FROM CITY/STATE, INDICATE DISTANCE FROM NEAREST CITY	<input type="checkbox"/> Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Side <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____				
ROAD OR HIGHWAY ADDRESS NUMBERED	S.R. 298 (Lillian Hwy)	NAME OF ITS INTERSECTION	City, Village or Town		
OF POINT AT WHICH ACCIDENT OCCURRED	A mile	Front S. E. W. or N. E. W.	NAME OF ROAD OR HIGHWAY		
IN DIRECTION DRIVING WHEN ACCIDENT OCCURRED	NOTIFY OWNER IMMEDIATELY, ENTERING TOWNS BY COUNTRY, TOWNS, CITY CROSSINGS, UNDERBRIDGES OR OVERBRIDGES				
DO NOT REMOVE THIS FORM					

YEAR	MAKE	TYPE (Passenger, Truck, Bus, etc.)	VEHICLE LICENSE PLATE NO.	STATE	YEAR
1966	Chevrolet	Econo-Van-Bus	S BUS 298	Alabama	1969
TYPE OF VEHICLE DAMAGED	Year Model Length Width Height Weight Tires	Value of damage Less body damage	AMOUNT REPAID/REFUNDED	VEHICLE REMOVED BY	
		1,200.00		West Fla Paint/Body Co.	
LIABILITY INSURANCE - Name of company					
<input type="checkbox"/> Yes <input type="checkbox"/> No Owner - Name or type FULL name					
St. Bartholomew's Church ADDRESS - Number and street City and State					
OCCUPATION - Name Abbie E. DAVIS DATE OF - Month - Day - Year 2-29-52					
DRIVER'S ADDRESS - Number and street Summerdale, Alabama CITY AND STATE					
DOCUMENTS - Name See Attached List ADDRESS - Number and street CITY AND STATE					
POLICE REPORT DATE POLICE POLICE POLICE POLICE					

YEAR	MAKE	TYPE (Passenger, Truck, Bus, etc.)	VEHICLE LICENSE PLATE NO.	STATE	YEAR
TYPE OF VEHICLE DAMAGED	Year Model Length Width Height Weight Tires	Value of damage Less body damage	AMOUNT REPAID/REFUNDED	VEHICLE REMOVED BY	
LIABILITY INSURANCE - Name of company <input type="checkbox"/> Yes <input type="checkbox"/> No Owner - Name or type FULL name					
ADDRESS - Number and street City and State					
OWNER - Name or no driver's license ADDRESS - Number and street CITY AND STATE					
DRIVER'S ADDRESS - Number and street ADDRESS - Number and street CITY AND STATE					
DOCUMENTS - Name ADDRESS - Number and street CITY AND STATE					
POLICE REPORT DATE POLICE POLICE POLICE POLICE					

ADDITIONAL INFORMATION - Other than vehicles	ACCOUNT	OWNER - Name	ADDRESS - Number and street	City and State
None ADDRESS - Number and street City and State			CODE FOR POLICY <small>Check one or more boxes</small>	
None ADDRESS - Number and street City and State			A - Damaged or broken car was needed B - Vehicle driven by robbery, as protection against C - Damage caused by fire or explosion D - Other damage to property, as business, consumption E - Theft, embezzlement, etc. F - No vehicles above but ownership of property G - Property damage to other vehicles H - No destruction of property	
PROPERTY OWNED BY	INJURED TAKEN TO			DATE OF INJURY
McGovern Amb Co:	Sacred Heart/Navy Hospital			5-26-69
Signature of witness or witness印證 			GRADE NO.	I.D. NO.
Deputy Sheriff			M-3	E.C.S.D.



Vehicle #1-2-3 were traveling East on SR-298 in that order. Approximately $\frac{1}{4}$ mile West of Fairfield Drive a small dog ran onto the roadway. Vehicle #2 applied his brakes in an attempt to avoid striking the animal. Vehicle #2 seeing Vehicle #1 stopping/slowing applied his brakes and also swerved his Vehicle to the LEFT to avoid striking the rear of Vehicle #1. Vehicle #2 swerved/verred into the WEST bound lane, his right front wheel struck the dog and turned his Vehicle (Vehicle #2) around 180° and back into the EAST bound lane. Vehicle #2 and Vehicle #3 then struck headon at a slight angle. Vehicle #2 again made a 180° turn and crossed the WEST bound lane, went off the roadway onto the shoulder. Vehicle #2 swerved slightly right after impact and came to rest of the right hand shoulder of the road. Vehicle #1 was not struck by either Vehicle #2 or Vehicle #3.

MICHAEL F. BRICE, a minor § IN THE CIRCUIT COURT OF
seventeen (17) years of age, §
who sues by and through his §
father and next friend, §
CHARLES BRICE, § BALDWIN COUNTY, ALABAMA

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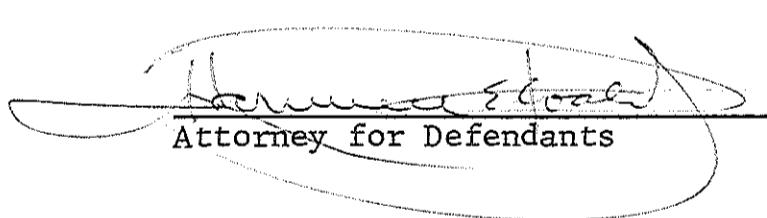
ELMER DAVIS; LEWIS BEAR §
COMPANY, INCORPORATED, a §
corporation; ABBIE DAVIS; §
and ST. BARTHOLOMEW CHURCH, §
jointly and separately, §

Defendants. § CASE NO. 9651

A N S W E R

Comes now each of the above defendants, separately
and severally, and for answer to the complaint heretofore
filed herein, says as follows, separately and severally:

1. Not guilty.
2. The material allegations thereof are untrue.



Attorney for Defendants

FILED

JAN 28 1971

EUNICE B. BLACKMON CIRCUIT CLERK