

Interrogatories to Be Answered by Respondent in Discovery James R. Nikoleit, M.D.

The plaintiff, LYNDA O'DONNELL as Special Representative and Special Administrator of the Estate of DOROTHY DWOINEN, Deceased, by her attorneys, LEVIN & PERCONTI,, propounds the following Interrogatories, to be answered by Respondent in Discovery, JAMES R. NIKOLEIT, M.D., under oath within twenty-eight (28) days after service:

1. State your full name, professional and residence addresses, and attach a current copy of your curriculum vitae (CV). In the event you do not have a CV, state in detail your professional qualifications, including your education by identifying schools from which you graduated and the degrees granted and dates thereof, your medical internships and residencies, fellowships and a bibliography of your professional writing(s).

ANSWER:

2. State whether you have held any position on a committee or with an administrative body at any hospital. If so, state when you had such position(s) and the duties and responsibilities involved in such position(s).

ANSWER:

3. Have you ever been named as a defendant in a lawsuit arising from alleged malpractice or professional negligence? If so, state the court, the caption and the case number for each lawsuit.

ANSWER:

4. Since the institution of this action, have you been asked to appear before or attend any meeting of a medical committee or official board of any medical society or other entity for the purpose of discussing this case? If so, state the date(s) of each such meeting and the name and address of the committee, society or other entity conducting each meeting,

ANSWER:

5. Has your license to practice medicine ever been suspended or has any disciplinary action ever been taken against you in reference to your license? If so, state the specific disciplinary action taken the date of the disciplinary action, the reason for the disciplinary action the period of time for which the disciplinary action was effective and the name and address of the disciplinary entity taking the action.

ANSWER:

6. State the exact dates and places at which you saw DOROTHY DWOINEN for the purpose of providing care or treatment between the periods of March 1, 2007 through September 13, 2007. For each state:

- (a) The nature or each condition for which you rendered such care and treatment;
- (b) The complaint of DOROTHY DWOINEN, if any;
- (c) Your diagnosis for each such condition;
- (d) Your prognosis for each such condition on each date of care and treatment.

ANSWER:

7. State the name, author, publisher, title, date of publication and specific provision of all medical texts, books, journals or other medical literature which you or your attorney intend to use as authority or reference in defending any of the allegations set forth in the complaint.

ANSWER:

8. Were you named or covered under any policy or policies of liability insurance at the time of the care and treatment alleged in the complaint? If so, state for each policy:

(a) The name of the insurance company;

(b) The policy number;

(c) The effective policy period;

(d) The maximum liability limits for each person and each occurrence, including umbrella and excess liability coverage; and

(e) The named insured(s) under the policy.

ANSWER:

9. Are you incorporated as a professional corporation? If so, state the legal name of your corporation and the names(s) and address(es) for all shareholders.

ANSWER:

10. If you are not incorporated as a professional corporation, state whether you were affiliated with a corporate medical practice or partnership in any manner on the date of the occurrence alleged in the complaint. If so, state the name of the corporate medical practice or partnership, the name of your affiliation, the names of all your partners, and the dates of your affiliation.

ANSWER:

11. Were you at any time an employee, agent, servant, shareholder or owner of LEXINGTON HEALTH CARE CENTER, INC., an Illinois Corporation d/b/a LEXINGTON OF ELMHURST? If so, state the date(s) and nature of your relationship.

ANSWER:

12. Were any photographs, movies and/or videotapes taken of the plaintiff or of the procedures complained of? If so, state the date(s) on which such photographs, movies and or videotapes were taken, who is displayed therein, who now has custody of them, and the name, address, occupation and employer of the person taking them.

ANSWER:

13. Do you know of any statements made by any person relating to the care and treatment or the damages described in the complaint? If so, give the name and address of each such witness and the date of the statement, and state whether which statement was written or oral and if written the present location of each such statement.

ANSWER:

14. State whether during the time period of September 6, 2007 and September 13, 2007 there were any written or oral policies and procedures in place at ELMHURST MEMORIAL HOSPITAL governing IV fluids provided to patients known to be dehydrated or at risk for dehydration.

ANSWER:

15. Have you (or has anyone acting on your behalf) had any conversations with any person at any time with regard to the manner in which the care and treatment described in the complaint was provided, or have you overheard any statement made by any person at any

time with regard to the injuries complained of by the plaintiff or the manner in which the care and treatment described in the complaint was provided? If so, state the following:

- (a) The date or dates of such conversation(s) and/or statement(s);
- (b) The place of such conversation(s) and/or statements(s);
- (c) All persons present for the conversation(s) and/or statement(s);
- (d) The matters and things stated by the person in the conversation(s) and/or statement(s);
- (e) Whether the conversation(s) was oral, written and/or recorded; and
- (f) Who has possession of the statement(s) if written and/or recorded.

ANSWER:

16. State the full name, address, employer, title and position of each person who has knowledge of the facts of said occurrence or of the injuries and damages described in the complaint.

ANSWER:

17. State whether you have ever been advised that you have the right to consult and retain your own attorney. If so, identify the person who informed you of that right, the date on which you were so informed, and describe the nature of that communication.

ANSWER:

18. Pursuant to [Illinois Supreme Court Rule 213\(f\)](#), please state the name and current address(es) or last known address(es) of all witnesses who will testify at the trial of this matter. Further for each witness, provide the following information:

- (a) For each lay witness please identify the subject matter on which the witness will testify;
- (b) For each independent expert witness please identify:
 - (i) The subjects on which the witness will testify; and
 - (ii) The opinions expected to be elicited.
- (c) For each controlled expert witness please identify:
 - (i) The subject matter on which the witness will testify;
 - (ii) The conclusions and opinions of the witness and the bases therefore;
 - (iii) The qualifications of the witness; and
 - (iv) Any report(s) prepared by the witness about the case.

ANSWER:

DEMAND TO SUPPLEMENT: Pursuant to [Illinois Supreme Court Rule 213\(i\)](#), you are hereby requested to seasonally supplement the answers to interrogatories as information becomes available.

Respectfully submitted,

LEVIN & PERCONTI

BY: <<signature>>