



FILED
COURT OF CLAIMS
OF OHIO

2015 JUL 29 PM 3: 22

COURT OF CLAIMS OF OHIO

The Ohio Judicial Center
65 South Front Street, Third Floor
Columbus, OH 43215
614. 387.9800 or 1.800.824.8263
www.cco.state.oh.us

Form Complaint

Case Number 2015-00693
for Court use only AD

PLAINTIFF:

(1) Catherine Goodyear 93
plaintiff's name age

(2) 2229 Taylor Park Dr., Apt. 401
street address

(3) Reynoldsburg Ohio 43068-7340
city state zip

(4) _____
telephone (business) area code

(5) 866-5246 (614)
telephone (home) area code

NOTE: if you move or change telephone numbers you must give the Court written notice of the new address or telephone number

DEFENDANT:

(6) The Ohio State University Wexner Medical Center
defendant state department, board, commission, etc

(7) 410 West 10th Ave.
street address

(8) Columbus OH 43210
city state zip

The defendant listed in (6) above through its agent(s)

(9) _____
fill in name(s) and title(s) of the agents if known, if unknown state unknown

did on or about (10) _____ (11) _____ am/pm
fill in date state approximate hour

(12) Describe in ordinary language the basis of the claim (see instructions)

I was admitted to The Ohio State University Wexner Medical Center on October 2, 2014. When admitted, I was wearing three rings: (1) a gold diamond engagement ring; (2) a gold wedding band; and (3) a double pearl ring with two diamonds. On October 5, 2014, I had a procedure done and the rings were removed by hospital staff

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(16) I (circle the appropriate word or phrase) have do not have insurance coverage for the injury, damage or loss with the

(17) _____
fill in company name and address and policy number

The policy has a (18) \$ _____ deductible provision.

(19) I (circle the appropriate word or phrase) have/have not/ received insurance payment(s) in the amount of

(20) \$ _____ as a result of the incident described above. (see instructions).

I ask the Court to grant a judgment in the amount stated in blank (14).

If the amount exceeds \$2,500.00 the Court may require that a civil rules complaint be filed.

Under the penalties of perjury and falsification, I state that I have read or had read to me the above complaint and that it is true. Further, I expressly waive, on behalf of myself and of any person who shall have any interest in this claim, all provisions of law forbidding any physician or other person who has heretofore attended or examined me, or who may hereafter attend or examine me from disclosing any knowledge or information which they thereby acquired.

(21) Catherine Y. P. [Signature]
signature of plaintiff (see instructions)

BE SURE TO INCLUDE FILING FEE AND TO GIVE THE COURT WRITTEN NOTICE OF ADDRESS CHANGES
(see Instructions)

NOTE: Plaintiff need not have an attorney. If plaintiff files the complaint without an attorney, plaintiff completes Blank (21). If plaintiff files through an attorney, plaintiff signs Blank (21) and the attorney signs Blank (22) and completes Blanks (23) through (25).

Pursuant to Civil Rule 11, I state I have read the above complaint; that to the best of my knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay.

(22) _____
signature of plaintiff's attorney

(23) _____
street address

(24) _____
city state zip

(25) _____
telephone area code

THE COURT OF CLAIMS OF OHIO

2015 JUL 29 PM 3: 30

CATHERINE GOODYEAR, :

Plaintiff, :

v. : Case No.

2015 - 00693 AD

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER, :

Defendant. :

AFFIDAVIT OF CATHERINE GOODYEAR

I, Catherine Goodyear, swear or affirm:

1. That the wedding set shown in the picture attached as Exhibit A, are the rings described in the Complaint as the gold diamond engagement ring and gold wedding band.
2. That I estimate the replacement value of the aforementioned wedding set to be \$5,000.
3. That the pearl ring described on the appraisal attached as Exhibit B, is the ring described in the Complaint as the double pearl ring with two diamonds.
4. The appraisal, Exhibit B, lists the replacement value of the double pearl ring as \$1,000 in 1987, which is worth about \$2,000 today with inflation (see Exhibit C).
5. This supports my request for a total of \$7,000 to compensate for the replacement value of the three rings.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING
REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY
INFORMATION, KNOWLEDGE, AND BELIEF.


CATHERINE GOODYEAR

Sworn to and subscribed in my presence this 22nd day of June, 2015 by Catherine Goodyear.

Laura J. Kyler
NOTARY PUBLIC



Laura J. Kyler
Notary Public State of Ohio
Fairfield County
My Commission Expires
April 3, 2017