

No. 1
Plaint

IN THE SUMMARY COURT AT GEORGE TOWN

BETWEEN:

AND:



Martin Adolphus Chambers

Sean Peter Coombs



Cause No. SC 257 of 2018

Plaintiff



Defendant

To the Defendant

*11 Sudden Sky
George Town, Grand Cayman
Cayman Islands*

THIS PLAINT has been issued against your by the above – named Plaintiff in respect of the claim set out on the next page.

Within 14 days after service of this Plaintiff on you, counting the day of service you must either satisfy the claim or return to the Court Office, PO Box 495GT, George Town, Grand Cayman, the accompanying Acknowledgment of Service form stating therein whether you intend to contest this action. If you intend to defend the action, in whole or in part, you must set out **full particulars of your defence** in the space provided in the Acknowledgement of Service form.

If you fail to satisfy the claim or fail to return the Acknowledgement of Service form containing full particulars of your defence, the Plaintiff may apply for a **default judgment** without any further notice to you.

Issued this ^{18th} day of December 2018

See overleaf for particulars of the Plaintiff's claim

PARTICULARS OF CLAIM

(Here set out in numbered paragraphs the grounds upon which the Plaintiff claims that the Defendant is indebted to him or is liable to pay damages to him)

1. *On Saturday June 18, 2016, at about 7:59 am, the defendant's black Toyota Hilux Motor truck, which was pulling a trailer loaded with topsoil along Shamrock Road towards Savannah lost control of his vehicle in the vicinity of Creighton's Residence, resulting in his vehicle entering the Eastbound lane and colliding with the plaintiff's red Honda Civic motor car which was travelling towards town.*
2. *As a result of the defendant's dangerous driving, this accident rendered the plaintiff's car to sustain major damages to the right front section and items from the vehicle including car battery were seen scattered along the roadway. The driver of the Honda car sustained major injuries and was transported to hospital for more than three weeks.*
3. *The defendant damaged the plaintiff's car and should have to reimburse for the cost of the damages.*

AND the Plaintiff claims:

1. The sum of CI \$10,000.
2. Bailiff fee CI \$60
3. Filing fee CI \$25,
4. Fixed fee CI \$150
5. Interest in the sum of CI \$1,250.68 calculated at the prescribed rate from June 26, 2016.
6. Fixed costs of CI \$500.00 alternatively costs to be assessed.
7. Interest to continue until this matter is settled.



Plaintiff's Signature

Plaintiff's address for service

*154 Sitwell Road, Belford Estate.
Bodden Town
P.O. Box 2534
Grand Cayman KY1-1104
Cayman Islands*

Accident Number 2016015534	Agency NCIC No. CI	MOTOR VEHICLE ACCIDENT REPORT	County GRAND CAYMAN	Date Rec. By DMVS
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Date 06/18/2016	Day Of Week Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input checked="" type="checkbox"/> S	Time 07:59	Off. Arrived	Total Number Of: Vehicles 2 Injuries 3 Fatalities 0	Inside City Of: GEORGE TOWN
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Road of Occurrence SHAMROCK RD	At Its Intersection With OCEAN CLUB	Corrected Report? Yes <input type="checkbox"/>
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Not At Its Intersection But _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet	1 <input type="checkbox"/> North <input type="checkbox"/> East	2 <input type="checkbox"/> South <input type="checkbox"/> West	Of: _____ 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St 5 <input type="checkbox"/> Co. Line
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And continuing in the direction checked above, the Next Reference Point is _____
1 Interstate 2 Lowest St. Rt. 3 Co. Road 4 City St 5 Co. Line

Driver # 1 LAST NAME COOMBS FIRST SEAN MIDDLE PETER	Driver # 2 LAST NAME CHAMBERS FIRST ANTHONY MIDDLE MATTHEW
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Address 11 SUDDEN SKY City GEORGE TOWN State KY Zip _____ DOB 03/12/1968	Address 159 HARDY ST, BELFORD ESTS City BODDEN TOWN State CI Zip _____ DOB 03/31/1981
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Driver's License No. 44780 Class _____ State CI <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License No. 57998 Class _____ State CI <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
--	--

Posted Speed _____ Insurance Co. SAXON MG Policy No. 183168	Posted Speed _____ Insurance Co. _____ Policy No. _____
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Year 2008 Make TOYT Model HILUX Telephone No. (345) 324-0748	Year _____ Make _____ Model _____ Telephone No. (345) 321-0280
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VIN MR0FX29G602502941 Vehicle Color BLK	VIN _____ Vehicle Color _____
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Tag # 131629 State CI County CAYMAN Year 2016	Tag # _____ State _____ County _____ Year _____
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Trailer Tag # _____ State _____ County _____ Year _____	Trailer Tag # _____ State _____ County _____ Year _____
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<input type="checkbox"/> Same as Driver Owner's Last Name COOMBS, SEAN First _____ Middle _____ Address 24 CONTENT DR City BODDEN TOWN State CI Zip _____ Removed By <input type="checkbox"/> Request <input type="checkbox"/> List	<input type="checkbox"/> Same as Driver Owner's Last Name _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Removed By <input type="checkbox"/> Request <input type="checkbox"/> List
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>Alcohol Test</th><th>Type</th><th>Results</th><th>Drug Test</th><th>Type</th><th>Results</th></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Alcohol Test	Type	Results	Drug Test	Type	Results							<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>Alcohol Test</th><th>Type</th><th>Results</th><th>Drug Test</th><th>Type</th><th>Results</th></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	Alcohol Test	Type	Results	Drug Test	Type	Results						
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Most Harmful Event 11 Veh Class: 1 Veh Type: 1 Traffic Ctrl _____ Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Most Harmful Event _____ Veh Class: _____ Veh Type: _____ Traffic Ctrl _____ Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Injured Taken To: **GEORGE TOWN PUBLIC HOSPITAL** By: **AMBULANCE**

EMS Notified Time	EMS Arrival Time	Hospital Arrival Time	Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By: _____
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Report By: 291 - HARRIS, O. Department ROYAL CAYMAN ISLANDS Report Date 06/18/2016	Checked By: A33 - YEARWOOD, I. Date Checked 12/20/2016
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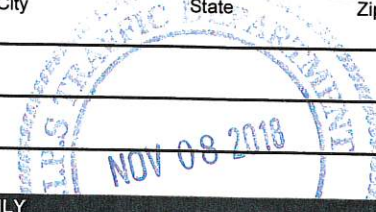
Witness(es): Name _____ Address _____	City _____ State _____ Zip Code _____ Telephone No. _____
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DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE)

COMMERCIAL VEHICLES ONLY							
Carrier Name _____ Vehicle # _____				Carrier Name _____ Vehicle # _____			
Address _____		State _____ Zip _____		Address _____		State _____ Zip _____	
No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Cargo Body Type	No. of Axles	G.V.W.R.	Fed. Reportable 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Cargo Body Type
Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>	Vehicle Config.	I.C.C.M.C. #	U.S. D.O.T. #	Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/>

C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____	C.D.L.? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No C.D.L. Suspended? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Vehicle Placarded? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Hazardous Materials? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Released? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If YES, Name or 4 Digit Number from Diamond or Box: _____ 1 Digit Number from Bottom of Diamond: _____
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___ Ran Off Road ___ Down Hill Runaway ___ Cargo Loss or Shift ___ Separation of Units



OCCUPANTS:

LAST NAME	FIRST	ADDRESS	CITY	STATE	ZIP	AGE	SEX	VEH #	POS	INJURY	TAKEN FOR TREAT.	EJECT	SAFETY EQUIP.	EXTRIC.	AIRBAG

Injured Taken To: **GEORGE TOWN PUBLIC HOSPITAL** By: **AMBULANCE**

Witness

Name	Address	City	State	Zip Code	Telephone No.

Additional Remarks:

Vehicle # 1 - Citation # - USING AN UNREGISTERED VEHICLE
 Vehicle # 1 - Citation # - USING VEHICLE WITHOUT A CERTIFICATE OF ROADWORTHINESS



SUMMARY OF FACTS

**DEFENDANT: SEAN PETER COOMBS D.O.B 12. 03.68 OF 11
SOUTHERN SKIES - SOUTH SOUND , GEORGE TOWN.**

Circumstances in this case are as follows:

On Saturday 18th of June 2016 at about 7:59 am, a motor vehicle accident occurred along Shamrock Road vicinity Creighton's residence in George Town.

VEHICLES INVOLVED: Black Toyota Hilux motor truck registered 131629 owned and driven by **Sean Coombs** of 11 Southern Skies South Sound George Town ,and a red Honda Civic motor car registered 77143 owned by **Martin Chambers** and driven at the time by **Anthony Chambers** of Survivor Lane in East End District.

HOW ACCIDENT HAPPENED: Accident occurred when the driver of the black Toyota Hilux motor truck which was pulling a trailer loaded with topsoil along Shamrock Road toward Savannah, lost control of his vehicle in the vicinity of Creighton's residence, resulting in his vehicle entering the eastbound lane and colliding with the red Honda Civic motor car which was travelling toward town.

POLICE ARRIVAL: Upon arrival PC 291 Harris saw a black Toyota motor truck registered 131629 with in the eastbound lane facing west ,with major damages to the left front section of the vehicle. There was also a trailer attached to the rear of this vehicle which was across the right lane of the westbound lane. There was debris scattered over the roadway along with topsoil from the trailer.

A red Honda Civic motor car facing north was also seen across the left lane on the westbound side of the roadway.

Major damages were observed to the right front section of the vehicle and items from the vehicle including a car battery were seen scattered along the roadway. The driver of the Honda motor car was transported to hospital prior to PC Harris arrival.

DRIVER OF TOYOTA TRUCK SPOKEN TO: The driver of the Toyota truck **Sean Coombs**, identified himself to police was spoken to. He reported that he was travelling east along Shamrock Road toward Savannah, when on reaching Creighton's residence the rear of the truck began to swerve from left to right. He said he asked a male passenger **Scottie Blair** who was with him at the time, if he felt the vehicle swerving, and that the passenger told him yes.

He stated that he tried to correct it but lost control of the vehicle, which went over into the westbound lane and collided with the Honda motor car, causing his vehicle to flip over on its left side.

At the time his stated that he had a trailer attached to his vehicle, which was loaded with topsoil that he was taking to Northside.

INJURIES: The driver of the Honda motor car which was removed from the vehicle with the assistance of fire department personnel, was then transported the George Town Hospital with serious injuries to his legs and arms.

He was admitted for more than three weeks as a result of his injuries, and is presently unable to work as he is still been treated although been released.

The male passenger, **Scottie Blair** who was in the Toyota motor truck also received minor injuries to his left eye and lips and was treated at the George Town Hospital and released.

BREATH TEST CONDUCTED: A roadside breath test was conducted on the driver of the Toyota truck **Sean Coombs**, which was negative.

SCENE OF CRIME : Scene of crime officer **Tommy Taylor** along with vehicle Analyst **Collin Redden** attended the location and processed scene.

STATEMENTS: Statements were collected along with medical statements from EMT and Attending Physicians.

A sketch of the scene was also done and attached to file.

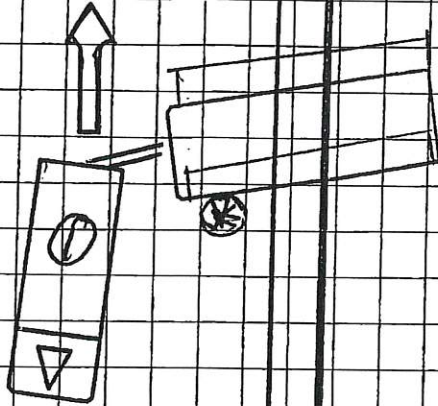
6

Sketch Plan (if of Evidential Value)

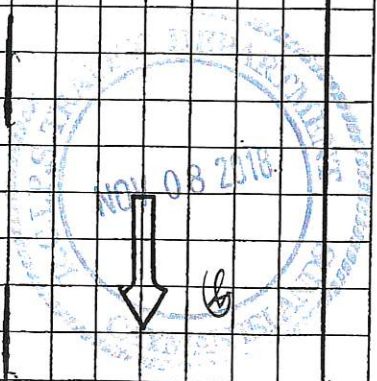
North



CAIRLTON
Residences



SHAMICA
ROAD



No. 2

Acknowledgment of Service

IN THE SUMMARY COURT AT GEORGE TOWN

Cause No. SC _____ of 20__

Between:

Martin Adolphus Chambers

Plaintiff

AND:

Sean Peter Coombs

Defendant

ACKNOWLEDGMENT OF SERVICE

1 State Defendant's name and address -

Sean Peter Coombs
11 Sudden Sky, George Town
Cayman Islands

2 State whether the Defendant intends to contest the action.

Yes

No

3 If you do not intend to contest the action, do you want time in which to pay the claim?

Yes

No

4 If you do intend to contest the action, in whole or in part, you must set out full particulars of your defence overleaf.

Service of the Plaintiff is acknowledged accordingly.

Defendant's Signature

Dated this _____ day of _____, 20__

See Overleaf

PARTICULARS OF DEFENCE

(Here set out in numbered paragraphs the grounds upon which the Defendant says that he is not liable to the Plaintiff, or is not liable for the full amount claimed)

Defendant's Signature

REMINDER - This form must be taken or sent to the Court Office, PO Box 495GT, George Town, Grand Cayman within 14 days of receipt otherwise a default judgment may be entered against you.