

Fill in this information to identify the case:

Debtor 1 Gold's Oklahoma, LLC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Texas, Amarillo Division

Case number 20-31330-hdh11

E-Filed on 07/01/2020
Claim # 127

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Andrea Weir</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Colbert Cooper Hill</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Danielle Daniel c/o Colbert Cooper Hill</u> Name <u>415 NW 11th Street</u> Number Street <u>Oklahoma City</u> <u>OK</u> <u>73103</u> City State ZIP Code Contact phone <u>(405) 496-7836</u> Contact email <u>danielle@getcolbert.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 1,000,000.00. Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Personal Injury/Wrongful Death

9. Is all or part of the claim secured? ☐ No
☒ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☒ Other. Describe: Attorney lien

Basis for perfection: 36 O.S. 3629
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ 0.00

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ 0.00

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ 0.00

☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ 0.00

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ 0.00

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ 0.00

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ 0.00

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/01/2020
MM / DD / YYYY

Danielle Daniel

Signature

Print the name of the person who is completing and signing this claim:

Name Danielle Daniel
First name Middle name Last name

Title Attorney

Company Colbert Cooper Hill
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address
Number Street

City State ZIP Code

Contact phone Email

Attachment 1 - BankruptcyClaim.pdf

Description -

PROOF OF CLAIM FILING INFORMATION FOR

GGI Holdings, LLC

CASE NO. 20-31318

US BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

Debtor Name	Case Number
GGI HOLDINGS, LLC	20-31318-hdh-11
GOLD'S GYM INTERNATIONAL, INC.	20-31319
GOLD'S HOLDING CORP.	20-31320
GOLD'S ALABAMA, LLC	20-31321
GOLD'S GYM FRANCHISING, LLC	20-31322
GOLD'S GYM LICENSING, LLC	20-31323
GOLD'S GYM MERCHANDISING, LLC	20-31324
GOLD'S GYM ROCKIES, LLC	20-31325
GOLD'S LOUISIANA, LLC	20-31326
GOLD'S NORTH CAROLINA, LLC	20-31328
GOLD'S OHIO, LLC	20-31329
GOLD'S OKLAHOMA, LLC	20-31330
GOLD'S SOUTHEAST, LLC	20-31332
GOLD'S ST. LOUIS, LLC	20-31333
GOLD'S TEXAS HOLDINGS GROUP, INC.	20-31337

General Bar Date: September 9, 2020

Bar Date for filing Proofs of Interest: TBD

Governmental Bar Date: December 8, 2020

Administrative Claims Bar Date: TBD

You may file your completed and executed Proof of Claim as follows:

If by regular mail, send to:

BMC Group, Inc.
Attn: GGI Holdings Claims Processing
PO Box 90100
Los Angeles, CA 90009

If by messenger or overnight delivery, send to:

BMC Group, Inc.
Attn: GGI Holdings Claims Processing
3732 West 120th Street
Hawthorne, CA 90250

Once filed, a "Filed" stamped copy of the proof of claim will be returned to the claimant Within three (3) business days of docketing IF the claimant encloses a stamped, self-addressed envelope with a copy of the proof of claim.

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim**1. Who is the current creditor?**

Name of the current creditor (the person or entity to be paid for this claim) _____

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?☐ No☐ Yes. From whom? _____**3. Where should notices and payments to the creditor be sent?**Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)**Where should notices to the creditor be sent?**

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

Where should payments to the creditor be sent? (if different)

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):
_____**4. Does this claim amend one already filed?**☐ No☐ Yes. Claim number on court claims registry (if known) _____Filed on _____
MM / DD / YYYY**5. Do you know if anyone else has filed a proof of claim for this claim?**☐ No☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?** ☐ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. **How much is the claim?** \$ _____. **Does this amount include interest or other charges?**
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?** Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
- _____

9. **Is all or part of the claim secured?** ☐ No
☐ Yes. The claim is secured by a lien on property.
- Nature of property:**
- ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
- ☐ Motor vehicle
- ☐ Other. Describe: _____
- Basis for perfection:** _____
- Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ _____
- Amount of the claim that is secured:** \$ _____
- Amount of the claim that is unsecured:** \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ _____
- Annual Interest Rate** (when case was filed) _____ %
- ☐ Fixed
- ☐ Variable

10. **Is this claim based on a lease?** ☐ No
☐ Yes. **Amount necessary to cure any default as of the date of the petition.** \$ _____

11. **Is this claim subject to a right of setoff?** ☐ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

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Check the appropriate box:

☐ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Attachment 2 - Statement of Case for Bankruptcy Claim.pdf

Description -

On July 18, 2018, Plaintiff, Andrea Weir, filed a Petition in the District Court of Oklahoma County (*Weir v. Gold's Gym Oklahoma, LLC.* - CJ-2018-3860) alleging Gold's Oklahoma, LLC was negligent in the care and maintenance of its facility causing Plaintiff to fall and injure herself. On September 12, 2019, Defendant filed a Motion for Summary Judgment. The hearing on said motion was set for hearing on October 18, 2019. Due to the fact that Defendant had outstanding discovery responses, the hearing on Defendant's motion was continued to November 1, 2019. The hearing was then again continued to December 18, 2019. Defendant still had not provided discovery responses, and the hearing was reset for January 22, 2020. Plaintiff had only received partial discovery responses one (1) week prior to the January 22, 2020 hearing. Plaintiff requested a continuance to allow Plaintiff time to properly respond to Defendant's motion since Plaintiff didn't previously have the responses necessary to respond to Defendant's motion. The District Court Judge denied Plaintiff's motion for continuance and granted Defendant's Motion for Summary Judgment, without Plaintiff having been afforded the opportunity to fully respond, argue, and/or present evidence of the contested factual issues which are solely in the province of the jury for decision. On February 21, 2020, Plaintiff filed a Motion to Reconsider and Vacate and said motion was set for hearing on May 13, 2020. Defendant filed a response on March 6, 2020. Due to COVID-19, the District Courts in Oklahoma were closed, and the May 13, 2020 hearing was continued to May 27, 2020. On May 7, 2020, Defendant filed its Notice of Bankruptcy in the District Court case. Due to the automatic stay issued when Defendant's bankruptcy petition was filed, the hearing on Plaintiff's *Motion to Reconsider and Vacate* was stricken, to be reset once the bankruptcy stay is lifted. Plaintiff is filing this proof of claim alleging Gold's Oklahoma, LLC. is indebted to her in the amount of \$1,000,000.00. Attached is Plaintiff's computation of damages detailing the injuries Plaintiff sustained. Plaintiff is requesting compensation for the injuries sustained; medical treatment, past, present, and future; and pain and suffering. In the event Plaintiff's motion currently pending in the District Court of Oklahoma County is granted, Plaintiff's attorneys, Colbert Cooper Hill, have a contractual and statutory claim to a portion of any proceeds Plaintiff is awarded as compensation for services and rendered and costs expended in litigation.

Attachment 3 - Computation of Damages.pdf

Description -

COMPUTATION OF DAMAGES

SPECIALS OF ANDREA WEIR**DOB: 6/4/1991****SSN:****DOI: 2/23/2018****CASE NO.: P18-0029**

	Bills		
1.	Mercy Hospital – Oklahoma City	2/23/2018	\$2,357.15
2.	Memorial Medical Group ER Physicians	2/23/2018	\$335.00
3.	Radiology Consultants	2/23/2018	0
4.	Integris Baptist Medical Center	2/24/2018 (\$4,452.39) 3/20/2018 (\$11,691.90) 10/10/2018 – 10/11/2018 (\$10,810.11) 10/21/2018 – 10/22/2018 (\$5,509.45) 11/15/2018 (\$5,852.16)	\$38,316.01
5.	IBMC ER Physicians	2/24/2018 (\$230.00) 3/20/2018 (\$230.00) 10/10/2018 – 10/11/2018 (\$340.00) 10/21/2018 – 10/22/2018 (\$230.00) 11/15/2018 (\$121.00)	\$1,151.00
6.	Radiology Associates	2/24/2018 (\$) 3/20/2018 (\$) 10/10/2018 – 10/11/2018 (\$) 10/21/2018 – 10/22/2018 (\$) 11/15/2018 (\$)	0
7.	Integris Family Care – Yukon	2/26/2018	\$202.00
8.	Oklahoma Injury Care	3/1/2018 – 6/7/2018	\$6,365.00
9.	McBride Orthopedic Hospital E. D.	3/6/2018	\$486.18
10.	McBride Orthopedic Hospital Clinic	3/12/2018 – 2/23/2019	\$5,310.00
11.	Summit Medical Center	3/16/2018	\$6,110.01
12.	Oklahoma Upright MRI	3/16/2018	\$696.40
13.	Edmond Open MRI	4/13/2018 (\$1,268.00) 10/8/2018 (\$)	\$1,268.00
14.	Innovative Pain Solutions	5/7/2018 (\$4,752.50) 6/25/2018 (\$4,652.50)	\$9,405.00
15.	Dr. Ron Somerville Electrodiagnostic Report	8/30/2018	0
16.	EMSA	10/20/2018	0
17.	OU Medical Center	10/20/2018	0
18.	Questcare Emergency Oklahoma	10/20/2018	0
19.	OU Physicians Services	10/20/2018	0

20.	Neuroscience Specialists	10/24/2018 – 2/6/2019	\$890.00
21.	Neuroradiology and Pain Solutions	11/14/2018 (\$) 12/10/2018 (\$) 4/4/2019 (\$) 4/15/2019 (\$)	0
22.	Oklahoma Spine Hospital	11/14/2018 (\$) 12/10/2018 (\$) 4/4/2019 (\$537.00) 4/15/2019 (\$1,921.00)	\$2,458.00
	TOTAL		\$75,349.75



OKLAHOMA INJURY CARE

James E. Lynch, M.D.
Sherry Mitchell, APRN, CNP
Heather Hedrick, APRN, CNP
Carrie Galyon, P.T.
Ron D. Somerville, D.C.

Mailing: PO Box 14740 OKC., OK 73113
N: 200 W. Britton Rd., OKC. OK 73114
S: 7825 S. Walker Ave., OKC., OK 73139
405-755-8000, 405-634-1700

05/22/2018

Attorney: Kevin Hill
415 NW 11th St.
Oklahoma City, OK 73103

Re: A Weir
DOB: 06/ 1991
DOI: 02/25/2018

To whom it may concern:

Andrea Weir sustained injuries when she walked into a dark theater room at Gold's Gym where she stepped on a treadmill that had been left on. She states she did not realize that the treadmill was on. Andrea was initially evaluated on 02/25/2018 at this office and began outpatient therapy for neck, mid, lower back, right wrist, and right thumb injuries.

Ms. Weir has been compliant with care and has consistently shown a positive mental outlook. She was able to resolve her neck and mid back complaints for the most part, but due to the severities of her injuries she was only able to partially resolve her ongoing lower back and right hand/ wrist pain with therapy. At this time, we feel that Andrea has reached a stationary point in her care and we have achieved maximum medical improvement with outpatient therapy regarding her current complaints.

PHYSICAL EXAMINATION:

Andrea is a 29-year-old female. She is well-nourished, alert, attentive, and has a friendly demeanor. Her vitals were: Height: 5'6", Weight: 150lbs, BP: 91/60, Pulse: 100 BPM. Andrea has made some progress with outpatient therapy decreasing her pain from a beginning VAS 8/10 to a current VAS 5/10. She continues to display apprehension and reports pain during lumbar range of motion today, but only minor stiffness and mild discomfort remains in the cervical spine down to the mid scapular regions. She is intolerant to broad pressure over the lumbar paraspinal musculature. Dagerine's Triad and Minor's sign remain positive. Spinal Percussion, Piriformis, Yoeman's, and Hibbs test increase lumbar pain today. DTR +2 biceps, triceps, patellar, and achilles. No discernable difference or loss in sensation was discovered to soft or sharp touch bilaterally over the upper or lower extremity dermatomes. Pupillary constriction, accommodation, fields of gaze, facial expression, and tongue protrusion produce no deficit.

PLAN OF CARE:

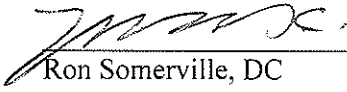
Due to persistent lumbar pain and radicular symptoms Andrea was referred for an MRI of the lumbar spine on 03/13/2018. Based on the results of her MRI she was referred to Jason Jackson, MD for an epidural steroid injection on 4/30/2018. She will need to follow up with McBride Orthopedics for potential right hand/wrist surgery if required and Dr. Jackson's office for additional lumbar epidural injections if necessary. Andrea cannot be considered to be at pre-injury

status today due to her ongoing lumbar and right wrist/hand complaints. She may require further medical treatment in the future as a direct result of the falling injuries sustained at Gold's Gym on 04/23/2018.

Andrea is being treated for acute injuries only which are the direct result of a falling accident she describes took place on 04/23/2018. She is undergoing this course of care to treat specifically these acute injuries and no consideration is given to any chronic physical complaints. These services are medically necessary to meet the patient's needs for acute injuries only and are not palliative or elective in nature.

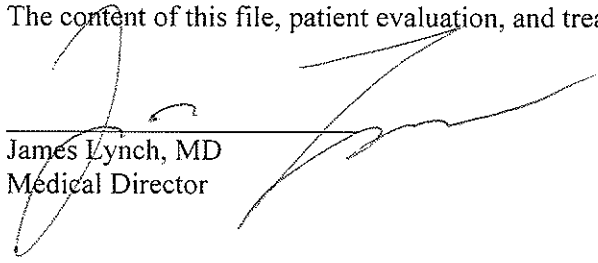
If our office can be of further assistance regarding Ms. Andrea Weir's condition, please do not hesitate to contact us.

Sincerely,



Ron Somerville, DC
Director of Outpatient Therapy

The content of this file, patient evaluation, and treatment plan have been reviewed and approved by James Lynch, MD.



James Lynch, MD
Medical Director

NEUROSCIENCE SPECIALISTS

Neuroscience Specialists, P.C.
4120 W Memorial Rd Ste 300,
Oklahoma City, OK 73120
Phone: (405)748-3300

August 7, 2019

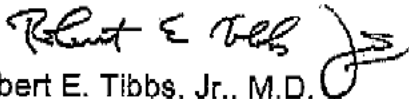
RE: A1 Nelr
JOB: 06 91

ADDENDUM

This note will serve as an addendum to my note from October 24, 2018 where upon in the first paragraph I stated that after falling off a treadmill in February of 2018, she had recovered from that, and then later in the summer or fall, began to have back pain.

have been now supplied with medical records that contradict this. I have notes from Oklahoma Injury Care from March 1, 2018, commenting on the same, and then procedure notes from Dr. James Jackson on May 7, 2019 and June 25, 2018, referring to ongoing issues with her back and legs.

Sincerely,



Robert E. Tibbs, Jr., M.D.

Dictated: 08/07/2019

Transcribed: Karen Borum 08/07/2019

IBB8505

IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

JUL 18 2018

RICK WARREN
COURT CLERK

42

ANDREA WEIR, individually,

Plaintiff,

v.

GOLD'S GYM OKLAHOMA, LLC

Defendants.

CJ-2018-3860 .

PETITION

COMES NOW the Plaintiff, ANDREA WEIR, for her cause of action against the Defendant, and alleges and states as follows:

1. That Plaintiff, ANDREA WEIR, is a resident of Oklahoma County, State of Oklahoma.
2. That Defendant, GOLD'S GYM OKLAHOMA, LLC ("Gold's Gym"), is located at 3625 Northwest Expressway, Oklahoma City, Oklahoma.
3. That on or about the 23rd day of February, 2017, Plaintiff was inside the Cardio Cinema in Gold's Gym when she stepped onto a treadmill and fell. This incident caused Plaintiff to suffer injuries and damages.
4. That the Defendant, had a duty to protect its invited guests from hazardous conditions.
5. That the Defendant, failed to maintain the premises for its invited guests, specifically, Plaintiff, ANDREA WEIR, so as not to cause her serious personal injuries.
6. That Defendant, had a duty to either remove or warn Ms. Weir of hidden dangers on the premises.

7. That in the exercise of reasonable care, the Defendant, knew or should have known of the hidden dangers on the premises.

8. That the injuries to Plaintiff, were caused by, and the direct result of, the negligence of the Defendant.

9. That as a result of the negligence of the Defendant, Plaintiff suffered serious injuries necessitating medical treatment. Prior to this incident, Plaintiff was in good health with a normal life expectancy, but as a direct and proximate result of the Defendant's negligence, Plaintiff has sustained damages for which she is entitled to recover.

10. That as a result of Defendant's negligence, Plaintiff incurred medical expenses for which she seeks recovery.

11. That as a result of Defendant's negligence, Plaintiff will sustain damages for future medical care and treatment for which she seeks recovery.

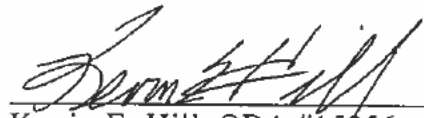
12. Plaintiff submits this preliminary computation of damages. Plaintiff advises that all damages recoverable by law are sought. Plaintiff's medical expenses incurred to date are unknown. At this time, Plaintiff does not know the amount of future medical expenses. Plaintiff's lost wages incurred to date are unknown. The elements to consider in fixing the amount of Plaintiff's damages include the following:

- A. Plaintiff's physical pain and suffering, past and future;
- B. Plaintiff's mental pain and suffering, past and future;
- C. Plaintiff's age;
- D. Plaintiff's physical condition immediately before and after the accident;
- E. The nature and extent of Plaintiff's injuries;
- F. Whether the injuries are permanent;
- G. The physical impairment;
- H. The disfigurement;

- I. Loss of earnings/time;
- J. Impairment of earning capacity;
- K. The reasonable expenses of the necessary medical care, treatment, and services, past and future.

WHEREFORE, premises considered, Plaintiff prays for judgment in an amount in excess of \$10,000.00 for compensatory damages, together with attorneys' fees, pre-judgment and post-judgment interest, costs of this action, and for such other relief as the Court may deem just and proper.

Respectfully Submitted,



Kevin E. Hill, OBA #15256
COLBERT COOPER HILL
415 NW 11th Street
Oklahoma City, OK 73103
Tel. (405) 218-9200
Fax (405) 218-9299
kevin@getcolbert.com
Attorney for Plaintiff

ATTORNEY LIEN CLAIMED

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK1706369

Agent # 2021

☒ See Supplemental Schedule

LIMITS OF INSURANCE

\$	3,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	3,000,000	Products/Completed Operations Aggregate Limit
\$	1,000,000	Personal and Advertising Injury Limit (Any One Person or Organization)
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit (Any One Premises)
\$	0	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: LLC

Business Description: Health & Fitness Corporation

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$	\$

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

AW000009