UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

IN RE: LYFT, INC. PASSENGER SEXUAL ASSAULT LITIGATION This Document Relates to: ALL ACTIONS	MDL No. 3171 No. 3:26-md-03171-RFL **PLAINTIFF FACT SHEET**

PLAINTIFF FACT SHEET

CASE NUMBER:

PLAINTIFF NAME:

on behalf of (if applicable):

relationship (if applicable):

GENERAL INSTRUCTIONS

Pursuant to the Order Regarding Fact Sheet Implementation (Dkt. 225) entered in the above-captioned litigation, a completed Plaintiff Fact Sheet ("PFS") shall be provided for each individual asserting legal claims in the above-captioned lawsuit. Each question must be answered in full. If you do not know or cannot recall the information needed to answer a question, please explain that in the response to the question and, where requested in the form, explain why. Responses of "do not know" or "do not recall" should be reserved for instances in which you are unable to provide a response; they should not be used as a substitute for your obligation to conduct a reasonable and diligent inquiry to provide the information requested of you in this form.

Please do not leave any questions unanswered or blank.

Accuracy and Supplementation

The Plaintiff completing this PFS is under oath and must provide information that is true and correct to the best of her or his knowledge, information, and belief. Plaintiff is under an obligation to supplement these responses consistent with the Federal Rules of Civil Procedure, including that Plaintiff must supplement their PFS if Plaintiff learns that any response is incomplete, incorrect, and/or if additional or corrective information is identified.

Use of this Information

All responses herein are CONFIDENTIAL and subject to the Protective Order entered in this matter. **Defendants will not contact any health care provider identified in this PFS, other than for the purpose of seeking records pursuant to authorizations signed by Plaintiff, without Plaintiff's consent or Court Order.**

Previous Production of Ride Receipt Information

Pursuant to Pretrial Order No. 14: Disclosure of Ride Receipt Information (Dkt. 190), You—or counsel acting on Your behalf—may have previously produced either a Disclosure of Ride Receipt Information form, with attachment, or a Ride Information Form, providing Lyft with information to enable it to identify and verify the subject Trip and/or subject Incident alleged by You in Your case. In completing this form and verifying the information contained in it, any such ride receipt disclosure is hereby adopted by You and incorporated into Your response to this fact sheet.

DEFINITIONS

The following definitions shall apply to this PFS:

"You" and "Your" refer to the Plaintiff, listed above, as well as her/his/their agents, representatives, and all other natural persons or entities acting on her/his behalf; provided that if the Plaintiff has filed this lawsuit on behalf of another (e.g., a decedent or a minor), then "You" and "Your" refer to the person on whose behalf this lawsuit was filed. In such a case, the Plaintiff should identify at the top of this page the person on whose behalf the case was filed and the Plaintiff's relationship to that person (e.g., guardian, administrator of estate, etc.).

"Driver" refers to the person who You allege, in the complaint filed in this action and/or pursuant to Pretrial Order No. 14: Disclosure of Ride Receipt Information (Dkt. 190) (the Ride Receipt Order), committed sexual misconduct or assault against You.

"Document" means any writing or record of any type, however produced and whatever the medium on which it was produced, and includes, without limitation, the original and non-identical copy (whether different from the original because of handwritten notes or underlining on the copy or

otherwise) and all drafts of papers, letters, notes, notations, memoranda of conversations or meetings, calendars, diaries or journals, minutes of meetings, interoffice communications, electronic mail and other forms of electronic communication (including but not limited to postings on websites, blogs and/or social media), message slips, notebooks, agreements, reports, articles, books, tables, charts, schedules, memoranda, medical records, X-rays, explants, devices, advertisements, pictures, photographs, films, accounting books or records, billings, credit card records, electrical or magnetic recordings or tapes, or any other writings, recordings or pictures of any kind or description.

"Incident" refers to all events that You allege, in the complaint filed in this action or herein, constituted sexual misconduct or assault against You.

"Trip" refers to any ride that You, or another person on Your behalf or for Your benefit, requested through the rider version of the Lyft Application around the time of the Incident.

"Health Care Provider" means any facility or person involved in the evaluation, diagnosis, care, or treatment of You, including without limitation any such hospital; clinic; medical center; physician's office; infirmary; medical or diagnostic laboratory; pharmacy; provider of any and all telemedical services; counselor; x-ray department; physical therapy department; rehabilitation specialist; physician; psychiatrist; physical therapist; osteopath; homeopath; chiropractor; psychologist; occupational therapist; nurse; herbalist; emergency responder including EMT, paramedic, or firefighter; social worker; or other facility or person that provides medical, dietary, psychiatric, mental, emotional, or psychological evaluation, diagnosis, care, treatment, or advice. This definition also includes professionals and facilities that may have treated, examined, evaluated, diagnosed, or otherwise cared for You as part of a Sexual Assault Response Team exam, a Sexual Assault Forensic Exam, or a Sexual Assault Nurse Exam.

CASE INFORMATION

1. Please state the following for the civil action that Plaintiff filed:

   a. Case number:

   b. Pseudonym used in the Complaint:

   c. Name of principal attorney and law firm representing Plaintiff:

YOUR PERSONAL INFORMATION

2. Your Name (Last Name, First Name, Middle):

3. Your Maiden name (if applicable) or other names used and date range for which that name/those names were used:

4. If the person filling out this PFS is not Plaintiff, provide the first, middle, and last name of the person filling out the PFS:

5. Your Current address (Street address, City, State, Zip):

6. Your city and state of residence at the time of the Incident:

7. Your Date of Birth (MM/DD/YYYY):

8. Last Four Digits of Your Social Security Number:

9. Do You currently have, or have you ever had, an Uber account?

☐ Yes

☐ No

If *yes*:

a. What is the name associated with Your Uber account:

b. What is the phone number associated with Your Uber account:

c. What is the email address associated with Your Uber account:

d. Provide the date of Your first trip pairing as an Uber rider:

Note: To the extent you are unable to identify the exact date, please provide an approximate date or, if applicable, state that you do not know.

e. Provide the date of Your last trip pairing as an Uber rider:

Note: To the extent you are unable to identify the exact date, please provide an approximate date or, if applicable, state that you do not know.

10. Have You ever been a driver on the Lyft Platform?

☐ Yes

☐ No

If *yes*:

a. What is the name associated with Your Lyft Driver account:

b. What is the phone number associated with Your Lyft Driver account:

c. What is the email address associated with Your Lyft Driver account:

d. What was the date of Your first trip pairing as a Lyft driver?

Note: To the extent you are unable to identify the exact date, please provide an approximate date or, if applicable, state that you do not know.

e. What was the date of Your last trip pairing as a Lyft Driver?

Note: To the extent you are unable to identify the exact date, please provide an approximate date or, if applicable, state that you do not know.

f. What was Your total number of trips as a Lyft driver?

Note: To the extent you are unable to provide an exact number of trips, please provide your best estimate.

11. Have You ever been a driver on the Uber Platform?

☐ Yes

☐ No

If *yes*:

a. What was the date of Your first trip pairing as an Uber driver:

Note: To the extent you are unable to identify the exact date, please provide an approximate date or, if applicable, state that you do not know.

b. What was the date of Your last trip pairing as an Uber driver:

Note: To the extent you are unable to identify the exact date, please provide an approximate date or, if applicable, state that you do not know.

c. What was Your total number of trips as an Uber driver:

Note: To the extent you are unable to provide an exact number of trips, please provide your best estimate.

12. From two years prior to the Incident through the present, please identify the employers for whom You worked; Your job title; Your responsibilities or duties; as well as the city, state, and dates of employment for each employer.

13. Check the box for the highest level of education You attained:

☐ Some High School

☐ High School Graduate/GED

☐ Some College

☐ Associate's Degree

☐ Bachelor's Degree

☐ Master's/Doctorate/Postgraduate Degree

☐ Other:

14. Have You ever been a plaintiff or defendant in any other lawsuit?

☐ Yes

☐ No

If *yes*, please provide the case name, case number, and the year the case was filed:

INFORMATION AS TO THE INCIDENT

15. In response to Pretrial Order No. 14: Disclosure of Ride Receipt Information (Dkt. 190), did you produce one or more of the following to Lyft?

☐ A PDF of the ride receipt for the Trip related to the subject Incident

☐ A Ride Information Form

☐ Neither

16. Understanding Regarding Previous Production of Ride Receipt Information

Pursuant to Pretrial Order No. 14: Disclosure of Ride Receipt Information (Dkt. 190), You—or counsel acting on Your behalf—may have previously produced either a Disclosure of Ride Receipt Information form, with attachment, or a Ride Information Form providing Lyft with information to enable it to identify and verify the subject Trip and/or subject Incident alleged by You in Your case. In completing this form and verifying the information contained in it, any such ride receipt disclosure is hereby adopted by You and incorporated into Your response to this fact sheet.

☐ Yes, I understand.

☐ No

17. Did You request the Trip related to the Incident?

☐ Yes

☐ No

a. If *No*, and if not previously produced pursuant to Pretrial Order No. 14: Disclosure of Ride Receipt Information (Dkt. 190), please state the name, phone number, and email address associated with the Lyft account through which the ride at issue was arranged:

i. Name (Last, First, Middle):

ii. Phone Number:

iii. Email Address:

18. Time and Date of the Incident (Please provide the time, day, month, and year. If You do not recall the exact time, day, month, and year, please provide as much information as You can remember):

19. Do you know the name of the Driver who You allege committed sexual misconduct or assault against You?

☐ Yes. Provide the name (first and last, if available):

☐ No

20. Did the vehicle You entered match the vehicle identified on the Ride Receipt?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

21. Was the person driving the vehicle that You entered the same as the Driver identified on the Ride Receipt?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

22. Did the Driver take You to the requested destination for the Trip?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

23. Did the Ride end before You arrived at the requested destination for the Trip?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

24. Did You and the Driver communicate about the route the Driver took during Your ride?

☐ Yes

☐ No

a. If *yes*, please describe those communications here:

25. Describe any other communications between You and the Driver during Your ride:

26. Did the Driver make any stops or pull over, other than at the requested destination for the Trip?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

a. If *yes*, did You and the Driver discuss stopping or pulling over before the Driver did so?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

b. If You and the Driver did communicate about stopping or pulling over at a location other than the requested destination, please describe those communications here:

27. Did the Driver end the Trip at a location other than the requested destination?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

a. If *yes*, where did the Driver end the Trip?

b. If *yes*, did You and the Driver communicate about ending the Trip at a location other than the requested destination before the Driver did so?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

c. If You and the Driver did communicate about ending the Trip at a location other than the requested destination, please describe those communications here:

28. Did You communicate with the Driver in written form outside of the Lyft App, including text messages, social media messages, or email?

☐ Yes

If *yes,* please provide the form of the communication, to the best of your recollection (e.g., text, email):

☐ No

a. If You answered *yes* to this question, please **produce all such communications** in Your possession with this Plaintiff Fact Sheet.

b. If You answered *yes* to the question but no longer have the communications, please state in as much detail as possible the reasons why the communications are no longer in Your possession and when approximately You believe You last had them, if You know.

29. Did You communicate with the Driver in any other format before or after the Trip?

☐ Yes.

If *yes,* please describe the form of the communication, to the best of your recollection (e.g., phone call):

☐ No

☐ Do Not Know/Do Not Recall

30. State the location (including city, state, zip code, and nearest street address, or, if unknown, the closest intersection) of the Incident:

31. Do You recall seeing a camera inside the Driver's vehicle?

☐ Yes

☐ No

32. Did You take any videos or audio recording or photos of the Driver, the inside or outside of the Driver's vehicle, or of any part of the subject Incident?

☐ Yes

☐ No

a. If You answered *yes* to this question, please **produce all such recordings or photos** in Your possession with this Plaintiff Fact Sheet.

b. If You answered *yes* to the question but no longer have the recordings or photos, please state in as much detail as possible the reasons why the communications are no longer in Your possession and when approximately You believe You last had them, if You know.

33. If You answered "Do Not Know/Do Not Recall" in response to any of Questions 20, 21, 22, 23, 26, 27 and 29 above, please explain the reasons why You do not know or do not recall this information:

THE INCIDENT

34. Please describe the Incident in Your own words:

35. Which of the following acts occurred during the Incident? Please select all that apply and, where relevant, select whether contact was over or under clothing:

☐ Lewd and/or Inappropriate Comments or Questions or Gestures[1]

☐ Verbal Threat of Sexual Assault[2]

☐ Masturbation and/or Indecent Exposure[3]

☐ Attempted Touching of a Non-Sexual Body Part[4]

☐ Over the Clothes[5]

[1] This category is defined to include, but is not limited to, the following: asking specific, probing, and personal questions of the user; making uncomfortable comments on the user's appearance; making sexually suggestive gestures at the user; and asking for a kiss, displays of nudity, sex, or contact with a sexual body part.

[2] This category is defined to include directing verbal explicit/direct threats of sexual violence at a user.

[3] This category is defined to include exposing genitalia and/or engaging in sexual acts in the presence of a user.

[4] This category is defined to include, without consent from the user, attempting to touch, but failing to come into contact with, any non-sexual body part (hand, leg, thigh) of the user.

[5] This category is defined to include any attempted touch over any piece of clothing on the user (e.g., pants, shirt, bra, underwear) as well as any attempted touch on an area that in no way has clothing covering it (e.g., parts of the thigh when wearing shorts).

- ☐ Under the Clothes[6]

☐ Attempted Kissing of a Non-Sexual Body Part[7]

☐ Attempted Touching of a Sexual Body Part Not Involving Penetration[8]

- ☐ Over the Clothes
- ☐ Under the Clothes

☐ Attempted Kissing of a Sexual Body Part[9]

- ☐ Over the Clothes
- ☐ Under the Clothes

☐ Touching of a Non-Sexual Body Part[10]

- ☐ Over the Clothes[11]
- ☐ Under the Clothes[12]

☐ Kissing of a Non-Sexual Body Part[13]

☐ Attempted Sexual Penetration Including Oral Copulation[14]

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[6] This category is defined to include any attempted touch on a part of a user's body which is covered by clothing. It does not include an attempted touch on an area that does not have clothing covering it in the first instance (e.g., parts of the thigh when wearing shorts).

[7] This category is defined to include, without consent from the user, attempting but failing to kiss, lick, or bite any non-sexual body part (e.g., hand, leg, thigh) of the user.

[8] This category is defined to include, without explicit consent from the user, attempting to touch, but failing to come into contact with, any sexual body part (i.e., breast, genitalia, mouth, buttocks) of the user. It does not include attempts at penetration.

[9] This category is defined to include, without consent from the user, attempting but failing to kiss, lick, or bite on either the breast or buttocks of the user. This also includes attempts to kiss on the lips and attempts to kiss while using tongue.

[10] This category is defined to include, without explicit consent from the user, touching or forcing a touch on any non-sexual body part (e.g., hand, leg, thigh) of the user.

[11] This category is defined to include any attempted touch over any piece of clothing on the user (e.g., pants, shirt, bra, underwear) as well as any attempted touch on an area that in no way has clothing covering it (e.g., parts of the thigh when wearing shorts).

[12] This category is defined to include any attempted touch on a part of a user's body which is covered by clothing. It does not include an attempted touch on an area that does not have clothing covering it in the first instance (e.g., parts of the thigh when wearing shorts).

[13] This category is defined to include, without consent from the user, any kiss, lick, or bite, or forced kiss, lick, or bite on any non-sexual body part (e.g., hand, leg, thigh) of the user.

[14] This category is defined to include, without explicit consent from a user, attempting but failing to penetrate, no matter how slight, the vagina or anus of a user with any body part or object. This includes attempted penetration of

☐ Touching of a Sexual Body Part Not Involving Penetration[15]

☐ Over the Clothes

☐ Under the Clothes

☐ Kissing of a Sexual Body Part[16]

☐ Sexual Penetration Including Oral Copulation[17]

☐ Kidnapping[18]

☐ Other. If *other*, please describe:

36. Did the Driver engage in any of the conduct described in Question 35 while you were inside the vehicle?

☐ Yes

☐ No

a. If *yes*, where in the vehicle were You located during the Incident?

☐ Front Seats

☐ Back Seats

☐ Both

☐ Do Not Recall

If You do not recall, please state the reason(s) why You are unable to recall:

b. If *no*, did all conduct described in Question 35 occur only before You entered and/or after You exited the Driver's vehicle?

☐ Only before entering the Driver's vehicle

☐ Only after exiting the Driver's vehicle

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the user's mouth with a sexual organ or sexual body part. This excludes kissing and attempted kissing with tongue.

[15] This category is defined to include, without explicit consent from the user, touching or forcing a touch on any sexual body part (i.e., breast, genitalia, mouth, buttocks) of the user. It does not include penetration.

[16] This category is defined to include, without consent from the user, any kiss, lick, or bite, or forced kiss, lick, or bite on either the breast or buttocks of the user. This also includes kissing on the lips and kissing while using tongue.

[17] This category is defined to include, without explicit consent from a user, penetration, no matter how slight, of the vagina or anus of a user with any body part or object. This includes penetration of the user's mouth with a sexual organ or sexual body part. This excludes kissing with tongue.

[18] This category is defined to include abduction, child abduction, false imprisonment, human trafficking, unlawful restraint, and unlawful/forcible detention.

☐ Both before and after exiting the Driver's vehicle

WITNESSES

37. Was there another passenger in the vehicle with You at any point during the Trip?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

a. If *yes*, please identify the other passenger(s) by name, full address and phone number, if known:

b. If *yes*, did You know the other passenger(s) before You or someone on Your behalf requested the Trip?

☐ Yes

☐ No

38. If You answered *yes* to Question 37, above, was the other passenger in the vehicle with You at the time of the Incident?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

39. If You know or recall, did anyone besides You and the Driver hear, see, or otherwise witness the Incident at the time it occurred?

☐ Yes

☐ No

☐ Do Not Know/Do Not Recall

a. If *yes*, please identify the witness(es) by name, full address and phone number, if known:

40. If You answered "Do Not Know/Do Not Recall" in response to any of Questions 37-39, above, please state the reason(s) why You do not know or do not recall this information:

41. Did You or someone on Your behalf notify any of the following entities of the Incident (Please check all that apply):

- ☐ Lyft
- ☐ Law Enforcement
- ☐ Health Care Provider (including mental health care professionals)
- ☐ Other:

42. If You notified Lyft, or if You know or recall someone on Your behalf notifying Lyft, how was Lyft notified?

- ☐ Phone Call
- ☐ Email
- ☐ In-App Notification
- ☐ Other:

43. If someone other than You notified Lyft on Your behalf, state that person's full name, address, and phone number, if known:

44. A report to law enforcement is not necessary to pursue your claim, but if You or someone on Your behalf notified law enforcement, please answer the following questions to the best of Your ability:

a. Who notified law enforcement of the Incident?
b. When?
c. If someone notified law enforcement on Your behalf, state that person's full name, address, and phone number:
d. List all law enforcement agencies of which You are aware that were notified about the Incident, as well as the report number for each such report:

Produce, along with this Plaintiff Fact Sheet, copies of any reports in Your possession, custody or control that You or someone on Your behalf made to any law enforcement agency regarding the Incident (including any attachments or related materials). [19]

[19] The production of law enforcement records in the Plaintiff's possession is not intended to be a representation that the produced information is complete.

45. Have You ever testified in any criminal hearing(s) or trial(s) in connection with the Incident?

☐ Yes

☐ No

a. If yes, please identify the case name, case number and jurisdiction for the criminal hearing(s) or trial(s), and the date of Your testimony (even if approximate):

46. Have You posted information regarding the Incident, the Driver, and/or the Trip on a website or on social media (e.g., a social media site, a blog, a personal website, etc.), including anonymously:

☐ Yes

☐ No

a. If *yes*, please describe to the best of Your ability where You posted the information, when it was posted (either with the exact date, or the approximate date if that is all You are able to provide), and what username or social media handle was used to post the information:

Platform or Website on which You Posted	Social Media Handle or Username Used	Date of Post

47. Have You communicated with any of the following about the Incident, the Driver, and/or the Trip (Please check all that apply):

☐ Spouse

☐ Romantic Partner (unmarried)

☐ Family Member

☐ Friend

☐ Other:

a. If You checked any of the above boxes in Question 47, please fill out the following

chart to identify each individual or other entity You have communicated with about the Incident, the Driver, and/or the Trip and their last known contact information. Do not list the attorneys representing You in this case or Lyft. To the extent that You do not know the name of any of the individuals or other entities You have communicated with, please provide any identifying information that You are aware of (e.g., neighbor, coworker, business colleague). As discovery is ongoing, You must supplement this form if and when You communicate with additional individuals about the Incident.

Name or Identifying Information of the Person with whom You Communicated	Last Known Contact Information (address, phone number, and email)	Method of Communication	Date of Communication (Exact or Approximate)

INJURIES AND DAMAGES

48. Have You disclosed the subject Incident to any Health Care Providers? (This Request includes Health Care Providers even if they did not provide care and/or treatment related to any injuries alleged to be caused by the subject Incident).

☐ Yes

☐ No

49. Did You suffer mental or emotional harm that You allege was caused in whole or in part by the Incident:

☐ Yes

☐ No

a. If You answered *yes* to Question 49, please describe each such mental or emotional harm You have allegedly suffered in Your own words:

b. If You answered *yes* to Question 49, prior to the Incident, had You ever been diagnosed with or treated for the same or similar condition as the condition You referenced in response to Question 49.a, above?

☐ Yes

If *yes,* please identify which condition(s), and describe whether and how the condition allegedly changed, worsened, or was impacted following the incident:

Note: You must also work with Your counsel to ensure that any relevant, existing medical records relating to diagnosis or treatment of any such conditions are preserved.

☐ No

50. Did You suffer physical harm that You allege was caused in whole or in part by the subject Incident?

☐ Yes

☐ No

a. If You answered *yes* to Question 50, please describe each such physical harm You have allegedly suffered in Your own words:

b. If You answered *yes* to Question 50, prior to the Incident, had You ever been diagnosed with or treated for the same or similar condition as the condition You referenced in response to Question 50.a, above?

☐ Yes

If *yes,* please identify which condition(s), and describe whether and how the condition allegedly changed, worsened, or was impacted following the incident.

Note: You must also work with Your counsel to ensure that any relevant, existing medical records relating to diagnosis or treatment of any such conditions are preserved.

☐ No

51. Have You sought treatment from any Health Care Provider (including, but not limited to, any psychologist, therapist, psychiatrist, or other mental healthcare provider) for any of the above listed conditions that You allege were caused in whole or in part by the subject Incident?

☐ Yes

☐ No

52. Have You been diagnosed by a Health Care Provider with any psychiatric, mental, or

behavioral conditions that You allege were caused in whole or in part by the subject Incident?

☐ Yes

☐ No

53. Have You been diagnosed by a Health Care Provider with, or treated by a Health Care Provider for, an aggravation of any pre-existing psychiatric, mental, or behavioral conditions that You allege were caused in whole or in part by the subject Incident?

☐ Yes

☐ No

a. If You answered *yes* to Question 53, please describe each such mental or emotional harm You have allegedly suffered in Your own words:

b. If You answered *yes* to Question 53, prior to the Incident, had You ever been diagnosed with or treated for the same or similar condition as the condition You referenced in response to Question 53.a, above?

54. Were You treated by emergency responders, including police officers, EMT, firefighters, or paramedics, as a result of the Incident?

☐ Yes

☐ No

55. Did You undergo a medical exam to determine any physical injuries or the presence of any evidence (e.g., a Sexual Assault Response Team "SART" exam, a Sexual Assault Forensic Exam ("SAFE"), or a Sexual Assault Nurse Exam ("SANE"))?

☐ Yes

☐ No

56. Have You ever been diagnosed and/or treated by any Health Care Provider for any injury or condition You allege was caused and/or exacerbated by the subject Incident, including mental health conditions such as depression or PTSD?

☐ Yes

☐ No

a. Please identify in the below chart the Health Care Providers who (1) diagnosed You with any conditions You allege were caused in whole or part by the subject Incident; (2) treated You for any injuries or conditions caused by the Incident; (3) treated You

for any pre-existing injuries or conditions that You believe were exacerbated as a result of the subject Incident (whether or not the treatment for that injury or condition occurred prior to or after the Incident); (4) prescribed or filled any medications related to any current or preexisting conditions that You claim were caused or exacerbated by the subject Incident (whether or not the medication was prescribed or filled prior to the subject Incident); or (5) to whom You disclosed the subject Incident. Please continue to supplement this form if and when You are treated by additional Health Care Providers.

Name of Health Care Provider and Facility	**Diagnosis, Treatment, or Examination (if known)**	**Approximate Date(s) of Diagnosis, Treatment, or Examination**	**Please check this box for any conditions that pre-existed the subject Incident that have been aggravated by the subject Incident**
Health Care Provider: Facility:			☐
Health Care Provider: Facility:			☐

57. Do You claim or expect to claim that You lost earnings or suffered impairment of earning capacity as a result of any physical, mental, or emotional injury You allege?

☐ Yes

☐ No

a. If *yes*, please describe, in as much detail as possible, Your lost earnings:

b. If *yes,* produce all documents in Your possession, custody, or control comprising all or a portion of Your claim for lost earnings and/or impaired earning capacity.

58. Did You at any point file for disability coverage as a result of any physical, mental, or emotional injury You allege was caused and/or exacerbated by the subject Incident?

☐ Yes

☐ No

59. Do You seek or expect to seek to recover any out-of-pocket costs, including medical expenses covered by insurance, that You have incurred relating to the diagnoses and/or treatment of any physical, mental, or emotional injuries You allege You sustained as a result of the Incident?

☐ Yes

☐ No

a. If *yes*, please provide an estimate of any out-of-pocket costs that You have incurred, and an explanation of what it is based on:

AUTHORIZATIONS

Plaintiff agrees to produce copies of signed and dated authorizations for the releases listed below, if warranted based on responses herein. Plaintiff agrees that this PFS shall not be considered complete unless and until applicable signed authorization forms are submitted. Plaintiff agrees that any document request for records to be produced by Plaintiff will not preclude Defendant from also collecting such records directly from the source pursuant to these signed authorizations.

Attach the following documents to this PFS as instructed below, making certain that all releases are signed and dated:

1) If You have received medical treatment for an injury that you allege was caused by the subject Incident, please execute the Limited Authorization to Disclose Health Information (Ex. A).

   Leave the "To" field blank.

2) If You have received mental health care for any conditions that you allege were caused by the subject Incident, please execute the Authorization to Disclose Psychiatric, Psychotherapy, and Mental Health Information (Ex. B). Leave the "To" field blank.

3) If You indicated that You or someone on Your behalf notified law enforcement of the Incident in Question 44, please execute the Authorization to Disclose Law Enforcement Records (Ex. C). Leave the "To" field blank.

4) If You indicated that You have filed for disability for a condition or conditions You allege were caused in whole or in part by the subject Incident, please execute the Consent for Release of Information, Form SSA-3288 (Ex. D).

VERIFICATION

I, _____, hereby state that I have reviewed the Plaintiff Fact Sheet, and any/all prior ride receipt information produced by me and incorporated and adopted into this Fact Sheet, as reflected in my response to Question 16, above. The statements set forth herein are true and correct to the best of my knowledge, information and belief. I make this verification based on my personal knowledge. I also declare that I have conducted a reasonable and diligent search for requested documents and information in my possession, custody, or control, and have supplied the documents requested and/or required of me in this Plaintiff Fact Sheet. I also declare that I have completed and submitted all required authorizations listed above. I declare under penalty of perjury subject to 28 U.S.C. § 1746 that the foregoing, and all of the information provided in this Plaintiff Fact Sheet, is true and correct to the best of my knowledge. I understand that I am under an obligation to supplement these responses.

_____	_____	_____
Signature	Print Name/Title	Date