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6 IN THE SUPREME COURT
7 OF THE STATE OF WASHINGTON
8

9 101058-3

10 AVI LEANNE TAYLOR,

No. 826808

11 Petitioner,

PETITIONERS MOTION TO
WAIVE THE FILING FEE

12 vs.
13

14 MIRINA STONE,

15 Respondent
16

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19 I. IDENTITY OF MOVING PARTY

20 Petitioner prays for the relief as designated in Part II.
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23 II. PRAYER FOR RELIEF

24 Petitioner prays that these courts waive the filing fee.
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1 III. FACTS RELEVANT TO MOTION

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3 Petitioner suffered a traumatic spinal injury and more in
4 this collision, which left her disfigured, disabled, indigent,
5 homeless and without an income. (Appendix B, Appendix C,
6 Appendix E, RP 87-88, 216-219) Prior to this impact, she was
7 working more than full-time managing her three businesses,
8 with over 10 years experience doing each. (RP 189, 125-126) (RP
9 59-60, 99-100, 196) Her new daily is managing pain and
10 immobility from constant bone displacement and trying to make
11 it so she can move, and make it across the room. (Appendix D)
12 She has not made an income since this collision, six years ago.
13 (RP 212-214, 249-50) Her sole source of income since this impact
14 has been her SSDI. (Appendix E)

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16 The trial court award for past pain and suffering only, left
17 Taylor with substantial damages, including past partial medical
18 bills of nearly \$20K. (Appendix A) Having had what was an
19 unwavering faith in the justice system, she's spent much of the
20 remainder on needed medical treatment, tools, equipment, pain
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1 relief, food, etc. - it is not enough for permanent housing, or for
2 needed surgery and the like. (RP 402-403, CP 74, 76, 106)
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4 She received an Order to Proceed In Forma Pauperis and a
5 Motion for an Order for Indigency, both before and after
6 proceedings in the trial court. The filing fee was later waived in
7 the appellate court. (Appendix C)
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10 11 IV. GROUNDS FOR RELIEF & ARGUMENT 12

13 As these courts have ruled, “the court cannot expect LFO
14 payments from individuals whose sole income is derived from
15 social security disability benefits in accordance with Social
16 Security Act’s anti-attachment statute, *42 U.S.C. § 407(a)*”. *State
17 of Washington v. Catling (2019) No. 95794-1* “When an order
18 imposes an LFO on a person who has only SSDI, that order is
19 unlawful.” *Wakefield, 186 Wash.2d at 609, 380 P.3d 459*. In this
20 case, Taylor’s only source of income since the injuries sustained
21 in this collision 6 years ago, has been her SSDI, so any order
22 imposing LFOs upon Taylor would be unlawful. (Appendix E)
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1 Furthermore, our courts have held that unless there is a
2 proper inquiry into the present and future ability to pay, as well
3 as the impact the proposed payment would have on the payee,
4 any decision to impose LFOs is based on untenable grounds.
5 (<https://casetext.com/case/state-v-keen-29>). In this case however,
6 Taylor has already been found to be indigent by the trial courts,
7 both prior to and following trial. She surpasses the definition for
8 indigency, as found in RCW 10.101.010 & GR 34, and does not
9 have the ability to pay. The appellate courts elected to waive
10 their filing fee to keep their doors open; may these courts too.
11 (Appendix E, Appendix C)

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17 As this Court stated in *O'Connor v. Matzdorff*, 76 Wn.2d
18 589, 458 P.2d 154 (1969): “The courts of this state retain an
19 inherent power to waive their fees in order to consider a case
20 where it is made to appear that justice requires it.” *and*, “The
21 administration of justice demands that the doors of the judicial
22 system be open to the indigent as well as to those who can afford
23 to pay the costs of pursuing judicial relief” *and*, “Imposing court
24 fees on indigent litigants would violate the fundamental
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1 principles our system of justice is founded on and we held that
2 courts have a duty to waive filing fees for any indigent.”

3
4 <https://caselaw.findlaw.com/wa-supreme-court/1632296.html>

5
6 HB 1783 will soon waive LFOs such as the filing fee for
7 indigent defendants, indicative of the ‘growing concern over the
8 disproportionate burden (LFOs) place on the poor’ *State v.*
9
10 *Blazina, 182 Wn.2d at 839, State v. Ramirez, No. 95249–3*

11 https://www.courts.wa.gov/subsite/mjc/docs/MJC_LFO_Price_of
12
13 [Justice_Report_Final.pdf](#)

14 The domino effect for civil litigants is not distinctive, and
15 the criminal-civil distinction should not be dispositive. “the civil-
16 criminal distinction is not dispositive, and a state may not deny
17 an indigent litigant ... by styling a proceeding as ‘civil’” *U.S.*
18 *Supreme Court's* holding in *Turner v. Rogers (cited in State v.*
19 *Leon, 2013 R.I. Super. LEXIS 45 (R.I. Super. 2013)*. So, while GR
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21 34 speaks to the waiving the filing fee for indigents in trial court,
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23 the act of waiving the filing fee for indigents in these courts
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25 produces the same result of ensuring equal access to justice.
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27 Waived in *Jafar v. Webb 177 Wn. 2d 520* .
28

1 Logistically, since LFOs indirectly require engagement in
2 the labor force, and disabled, indigent individuals are physically
3 unable to participate in it, impossible situations are created with
4 this pay to play system. Many are forced to choose between food
5 and fees, as was the pickle Taylor found herself in with working
6 fees in trial court, despite the prior Order to Proceed In Forma
7 Pauperis which read that “all fees and surcharges the payment
8 of which is a condition precedent to the moving party’s ability to
9 secure access to judicial relief are waived”.

10 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8059706/>

11 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8059708/>

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17 Lastly, asking Taylor to pay more than she already has
18 would only perpetuate this miscarriage against justice. With
19 several of these courts holdings being ignored, and the law of our
20 great state going by the wayside, it is the petitioner who is left
21 wrongfully convicted to a life of pain, poverty, homelessness &
22 immobility, for respondents crimes. It’s bewildering that she
23 would be asked to pay, just to get a chance *not even a*
24 *guarantee* to have Washington State law actually applied, and
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1 to have these courts rulings hold the precedent they should have
2 already. The law is like it is, so people have a chance at
3 recovering; without it, there is next to none. Yet, the law holds
4 little weight without also being upheld and unless Washington
5 State law starts to matter, it will be Taylor who is paying for
6 Stone's crimes, for the negligence of others. It will be Taylor who
7 is wrongfully convicted, which would be a miscarriage against
8 justice, only furthered by asking her to pay more than she has
9 for the past six years already, and continues to to this day.

14 Pursuant to RAP 1.2(c), 42U.S.C. § 407(a), to ensure access
15 to justice and for the foregoing reasons, petitioner prays these
16 courts elect to GRANT this motion to WAIVE the filing fee.

20 Respectfully submitted on Wednesday, July 27th 2022 by:

23 *Avi Taylor*

24 Avi Taylor
25 Petitioner
26 PO BOX 1014
27 Monroe, WA 98272
28 (206)715-6161
ombience.om@gmail.com

1 This document contains 1,060 words, excluding the parts
2
3 exempted from the word count by RAP 18.17. I hereby certify
4 under penalty of perjury that the foregoing is true and correct.
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AVI TAYLOR - FILING PRO SE

July 27, 2022 - 7:35 AM

Transmittal Information

Filed with Court: Supreme Court
Appellate Court Case Number: 101,058-3
Appellate Court Case Title: Avi Leanne Taylor v. Mirina Stone

The following documents have been uploaded:

- 1010583_Motion_20220727072728SC865478_3698.pdf
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Phone: (206) 715-6161

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FILED
SUPREME COURT
STATE OF WASHINGTON
7/27/2022 8:00 AM
BY ERIN L. LENNON
CLERK

Appendix

A

Patient Account Ledger

Patient ID: 61246601 Patient Name: TAYLOR, AVI DOB: 1/21/1979
 Address: 8611 16th Ave SW, Seattle, WA 98106

Transaction Date: All Dates

Date	Description	Account No - Desc	Visit ID	Procedure	Provider	Amount
2/23/2016			241067231	99214	sari Gallegos ND	\$136.00
2/23/2016			241067231	98929	sari Gallegos ND	\$100.00
2/23/2016			241067232	97810	sari Gallegos ND	\$50.00
2/26/2016			241067233	97810	sari Gallegos ND	\$50.00
2/26/2016			241067234	99213	sari Gallegos ND	\$91.00
2/26/2016			241067234	98929	sari Gallegos ND	\$100.00
3/8/2016			241067236	99213	sari Gallegos ND	\$91.00
3/8/2016			241067236	98929	sari Gallegos ND	\$100.00
3/8/2016			241067236	97032	sari Gallegos ND	\$35.00
3/8/2016			241067236	97035	sari Gallegos ND	\$35.00
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3/24/2016			241067241	97035	sari Gallegos ND	\$35.00
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Patient Account Ledger

11/10/2016	241067350	98929	sari Gallegos ND	\$100.00
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Patient Account Ledger

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Patient Account Ledger

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			Balance:	\$19,728.00

AVI TAYLOR - FILING PRO SE

July 27, 2022 - 7:36 AM

Transmittal Information

Filed with Court: Supreme Court
Appellate Court Case Number: 101,058-3
Appellate Court Case Title: Avi Leanne Taylor v. Mirina Stone

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STATE OF WASHINGTON
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Appendix B

**TAYLOR
V.
STONE**

**OBJECTIVE
MEDICAL
FINDINGS**

T-Bone Collision

2/23/16

Drivers Side Impact

*** same info as in**

Exhibits 41, 42, 112

in the record on review

at CP 86-92

As Recorded By:

DR. GALLEGOS

Doctor

& DR. MILLER

Radiologist

CERVICAL INJURIES

1 LOSS OF CERVICAL LORDOSIS
* STRAIGHTENED CURVE OF NECK

3 C2: NEW SEVERE
HYPERMOBILITY

6

REVERSAL
OF CURVE
AT C4 & C5



2 LEFT OCCIPUT:
OUT & DOWN

4 C3: OUT
TO THE RIGHT

5 C4: OUT
TO THE RIGHT

8

C6: OUT
TO THE LEFT

7

NEW RETROLITHESIS*
AT C4 & C5
* DISC SLIPPAGE

9

NEW VERTABRAL ROTARY COMPONENT

10

CERVICAL RANGE OF MOTION

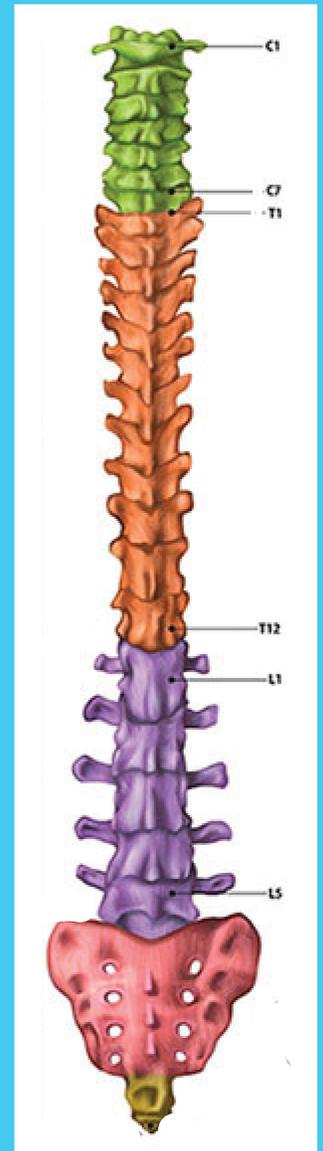
EXTENSION: ZERO
* COULD NOT LOOK UP

FLEXION: FROM 50 TO 15 DEGREES
* COULD BARELY LOOK DOWN

LEFT: FROM 45 TO 15 DEGREES
* COULD BARELY LOOK LEFT

RIGHT: FROM 45 TO 15 DEGREES
* COULD BARELY LOOK RIGHT

* AS COMPARED TO CERVICAL RANGE
OF MOTION TESTING TWO WEEKS PRIOR
WHICH WAS NORMAL WITH NO ISSUES



THORACIC INJURIES

1 WORSENERD CURVE OF THORACIC SPINE
FROM 53 TO 54 DEGREES +
NEW 'SEVERE' CLASSIFICATION

2 NEW VERTABRAL ROTARY COMPONENT

3 T1: OUT
TO THE LEFT

5 T5: OUT
TO THE LEFT

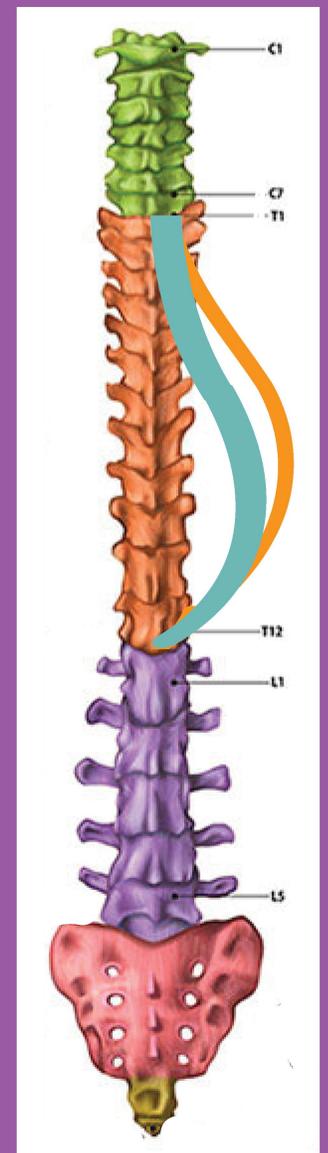
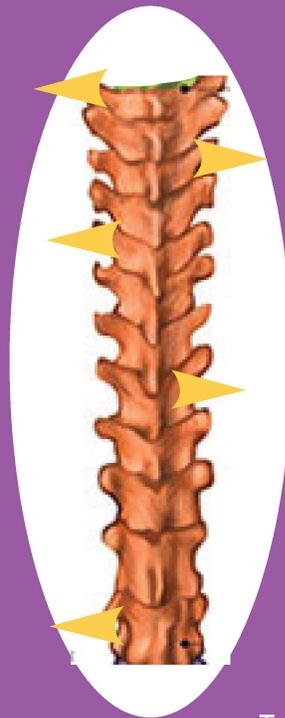
7

T12: OUT
TO THE LEFT

4 T3: OUT
TO THE RIGHT

6

T8: OUT
TO THE RIGHT



8

9

10

11

RIBCAGE REGION

STERNUM: OUT & BACK

FIRST RIB: OUT & INTO
RIGHT SHOULDER AREA

L4-6TH CC UP & BACK

R 10TH CC BACK & DOWN

LUMBAR INJURIES

1

WORSENERD CURVE OF LUMBAR SPINE
FROM 48 TO 51 DEGREES +
NEW 'SEVERE' CLASSIFICATION

2

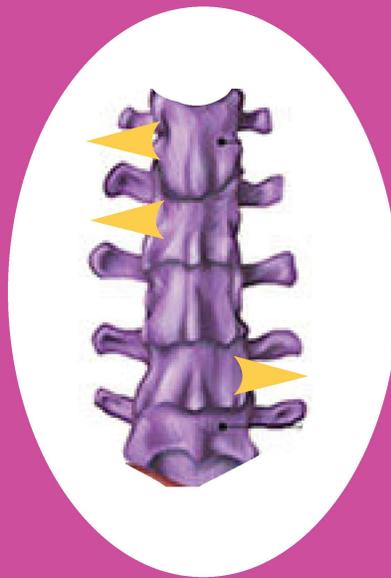
NEW VERTABRAL
ROTARY COMPONENT

3

L1: BACK AND
TO THE LEFT

4

L2: BACK AND
TO THE LEFT

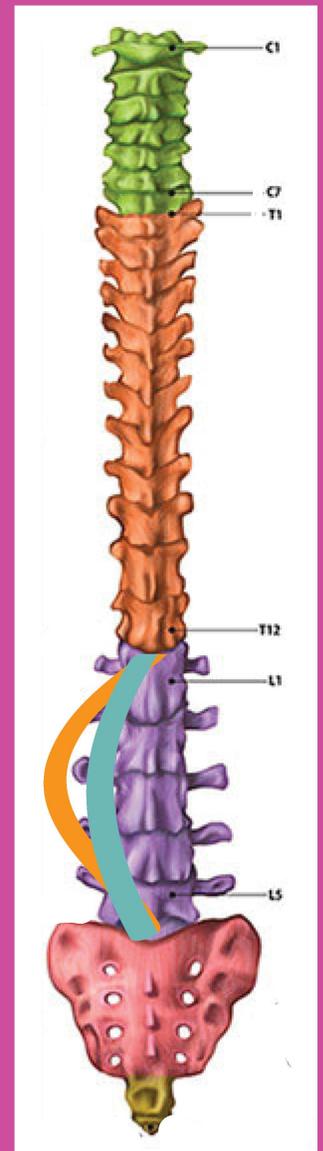


5

L4: OUT
TO THE RIGHT

6

RIGHT ANGLE NOW
"SHARP & WELL VISUALIZED"



SACRAL INJURIES +



1 COCCYX (TAILBONE)
OUT TO THE RIGHT

2 R LOWER SI JOINT STUCK

3 R UPPER SI JOINT STUCK

4 PUBIC BONE OUT TO THE RIGHT

5 L ASIS MEDIAL

6

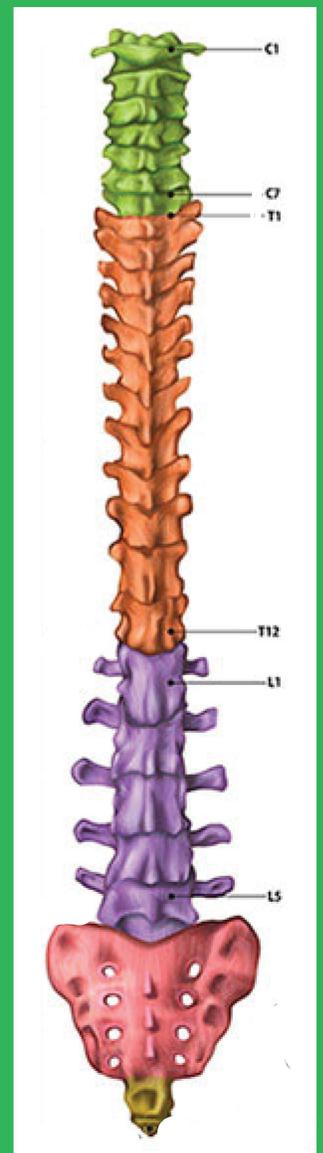
L UPPER SI JOINT STUCK

7

L ISCHIUM OUT AND BACK

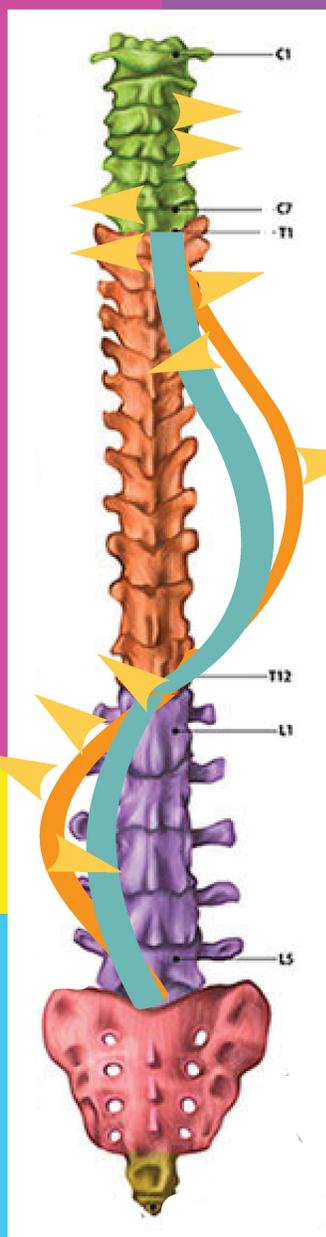
8, 9, 10 . . .

NEW DEGENERATIVE DISC THINNING;
SPRAINS OF CERVICAL, THORACIC,
LUMBAR SPINES & RIBS;
STRAINS AT NECK, THORAX, LOWER BACK;
MISALIGNMENTS IN HEAD, CERVICAL,
THORACIC, LUMBAR, SACRAL, PELVIC
REGIONS, RIB CAGE, UPPER & LOWER EXT'S;
R TROCHANTER OUT & BACK; R PATELLA OUT;
R ACROMION OUT; MOVED POSITION OF APEX
IN SPINE; PAIN IN HANDS, WRISTS,
WHILE BREATHING, ETC



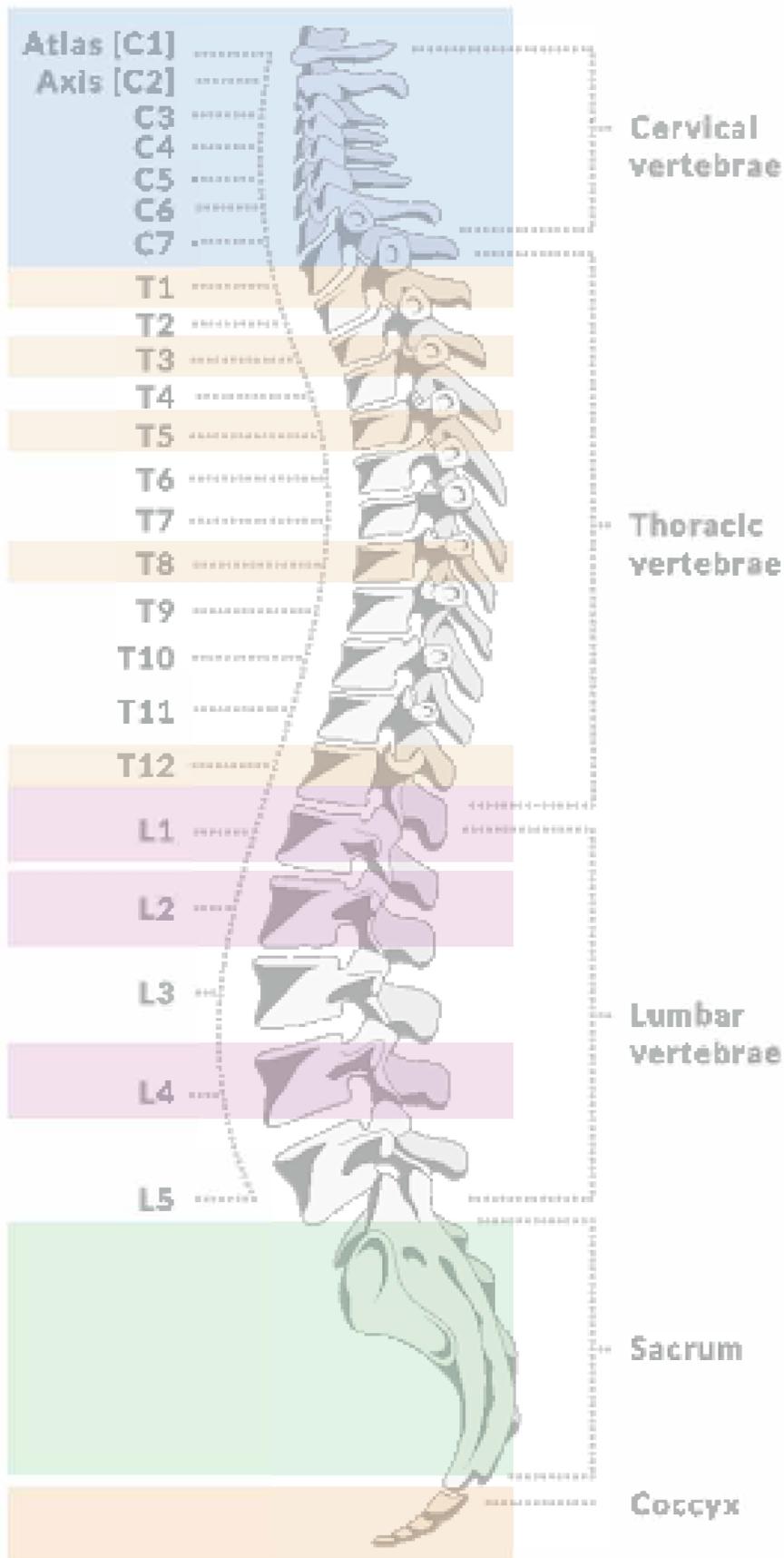
*** same info as in
Exhibits 41, 42, 112
in the record on review
at CP 86-92**

**& included in the
following pages
along with the
citations to the
testimony re.**



**BLUE LINE
= BEFORE
ORANGE
= AFTER
* only 13
of over 40
injuries shown**

The plaintiff suffered a traumatic spinal cord injury to 24 of the 33 vertebrae in her spine; only 9 were unaffected. The colored areas below are all the areas documented in the objective medical findings from the first two visits with her treating physician, Dr. Gallegos, and the radiology reports from Dr. Miller, Chiropractic Radiologist.



This is 73% of the plaintiff's spine, that was damaged in this impact**

Visit One - Dr. Gallegos 2/23/16
 Cervical: C6 PL, C3 PR, C4 PR
 Thoracic: T1 PL, T8 PR, T3 PR, T12 PL
 Lumbar: L2PL, L4 PR
 Sacral: Coccyx deviates right, R lower SI fixation, L upper SI fixation
 Pelvic: L ASIS medial, Pubic bone deviates R

Visit Two - Dr. Gallegos 2/26/16
 Cervical: C6 PL, C3 PR, C4 PR
 Thoracic: T5 PL, T8 PR, T3 PR, T12 PL
 Lumbar: L1 PL, L4 PR
 Sacral: R upper & lower SI fixation, L upper SI fixation
 Pelvic: L ischium inferior

Radiology Report - Dr. Miller 2/26/16
 C2, 3* F, 5* E (1* less in F now)
 C3, 4* f, 11* E (6* less in e now)
 C4, no flexion, 12* E (4* less in e now)
 C5, 5* F, 11* E (1* more in F + 5* less in ext now)
 C6, 2* F, no E (3* more in F now + 3* more in e now)
 E = extension F = flexion
 Lumbar Convexity with apex @ L2
 1mm Retrolisthesis at C4 -and- C5
 lumbar angle 51* (3 degrees worse)
 thoracic angle 54* (1 degree worse)

** as the plaintiff's pre-existing scoliosis curves were significantly worsened in this collision, in both her lumbar and thoracic spine, and as these curves encompass or otherwise effect all the now twisted vertebrae within them, the vertebrae listed in white in both the thoracic and lumbar spine, should be colored respectively; this means 100% of her spine was injured during this impact.

2016

FOLLOWING THIS COLLISION

2012

PRIOR; FUNCTIONAL SPINE

POSITION OF APEX

WITH THE APEX AT C4-5

MOVED POSITION OF APEX

WITH THE APEX AT C4

SEVERITY OF SCOLIOSIS

SEVERE "S" SCOLIOSIS

NOW SEVERE

MARKED "S" SCOLIOSIS

THORACIC COBB'S ANGLE

54* CURVE

1* DIFFERENCE

53* CURVE

LUMBAR CONVEXITY

WITH THE APEX AT L2

MOVED POSITION OF APEX

WITH THE APEX AT L1-2

LUMBAR COBB'S ANGLE

51* CURVE

3* DIFFERENCE

48* CURVE

RETROLISTHESIS

GRADE 1 (2MM) RETROLISTHESIS AT C4 AND C5

NEW RETROLISTHESIS (AN UNCOMMON JOINT DYSFUNCTION THAT OCCURS WHEN A SINGLE VERTEBRAE -IN THIS CASE, MULTIPLE- SLIPS BACKWARD OR UNDERNEATH A DISC)*

NOT PRESENT

CERVICAL SPINE FLEXION RANGES OF MOTION

- C2
- C3
- C4
- C5
- C6

- 2*
- 4*
- NO FLEXION
- 6*
- 5*

1* DIFFERENCE

1* DIFFERENCE

- 3*
- 5*
- NO FLEXION
- 5*
- 2*

CERVICAL SPINE EXTENSION RANGES OF MOTION

- C2
- C3
- C4
- C5
- C6

- 5*
- 5*
- 8*
- 6*
- 3*

6* DIFFERENCE

4* DIFFERENCE

5* DIFFERENCE

3* DIFFERENCE

- 5*
- 11*
- 12*
- 11*
- NO EXTENSION

*<https://www.medicalnewstoday.com/articles/319571>

2016

FOLLOWING THIS COLLISION

2012

PRIOR; FUNCTIONAL SPINE

FOR FLEXION, THIS DEMONSTRATES

SEVERE HYPOMOBILITY @ C2 **ALTERED 3 VERTABRAE** SEVERE HYPOMOBILITY @ C6
+ MODERATE HYPOBOBILITY @ C3, C5, C6 MODERATE HYPOMOBILITY @C2, C3, C5

FOR EXTENSION, THERE IS A

MODERATE HYPOBILITY AT C5, C6 **ALTERED 3 VERTABRAE** TOTAL LOSS OF MOTION AT C6
+ MILD HYPOBILITY AT C3 MODERATE HYPOMOBILITY AT C2, C3, C5

ANTERIOR/POSTERIOR
TRANSLATION

EXCESSIVE ANTERIOR TRANSLATION (1MM)
IS NOTED AT C4 AND C5 DURING **FLEXION**

MILD EXCESSIVE POSTERIOR TRANSLATION
IS NOTED AT C4 AND C5 DURING **EXTENSION**

THE 12TH RIBS ARE

SEVERELY HYPOPLASTIC

**GOING OPPOSITE
DIRECTION, WAY MORE**

MARKEDLY HYPOPLASTIC

NOW SEVERE

OSTEOPHYTIC CHANGES ARE MODERATE ANTERIORLY AT L2, L3
AND MILD AT THE LEFT ANTEROLATERAL BODY MARGINS OF T7
AND T8.

OSTEPHYTIC CHANGES ARE MODERATE ANTERIORLY AT L2,L3
VERY MILD ANTERIORLY AT T7 AND T8.

**NOT VERY MILD
ANYMORE**

THE HEIGHT OF THE INTERVERTEBRAL DISC SPACING APPEARS
DECREASED MILDLY BETWEEN C4-5, AND VERY MILDLY BETWEEN
C5-6

**NEW DEGENERATIVE
DISC THINNING**

SEVERE "S" CURVE SCOLIOSIS IN THORACIS AND LUMBAR SPINE.
A MODERATE VERTEBRAL ROTARY COMPONENT IS PRESENT
WITH THE SPINOUS PROCESSES TOWARD THE CONCAVITY
IN EACH AREA RESPECTIVELY.

MARKED "S" SHAPED THORACIS AND LUMBAR SCOLIOSIS.

**NOW SEVERE
WITH A NEW MODERATE
VERTEBRAL ROTARY COMPONENT**

DEGENERATIVE OSTEOPHYTOSIS, MODERATE AT L2, L3, AND MILD AT
T7, T8.

**NOT VERY MILD
ANYMORE**

DEGENERATIVE OSTEOPHYTOSIS, MODERATE AT L2, L3, AND VERY
MILD AT T7, T8.

**THE RIGHT COSTOPHRENIC ANGLE IS SHARP AND WELL
VISUALIZED**

**RIGHT ANGLE
IS NOW, SHARP
AND WELL VISUALIZED
*NEW NOTE***

Patient was driving when she was T-boned from her left side, was turning to the left and a stopped car accelerated into her. The other car hit the mid to back portion of her drivers side. Her car is driveable, but body, tire and hubcap were all damaged...patient is crying in the office.

Shoulder and right side of ribs are sore. Very shaky after accident, crying. Hand, right arm all have a dull, shooting pain, right shoulder and right rib are terribly sore. Her neck is extremely sore. It hurts to breathe, left ribcage is sore, cannot lie on her left side at all. Very upset. Busy lifestyle, it is hard to be hurt. Right shoulder and ribs are the most painful currently, followed by her neck. Shoulder pain initially, then entire arm pain. Pain is currently 7/10 dull to sharp.

Sari Gallegos, ND, LAc
6300 9th Ave NE, Suite 109
Seattle, WA 98115
206)784-0230

Avi Taylor
Patient ID: 26147431 DOB: 01/21/1979 Sex: F Account No.:
Encounter ID: 135181451 Encounter Date: 02/23/2016
Encounter Type: Office Visit

SUBJECTIVE:

Chief Complaint:
History Of Present Illness:

MVA related injuries, 02 23 2016
Patient was driving when she was T-boned from her left side, was turning to the left and a stopped car accelerated into her. The other car hit the mid to back portion of her driver's side. Her car is drivable, but body, tire and hubcap were all damaged. Airbag did not deploy. Patient is crying in the office. Shoulder and right side of ribs are sore. Very shaky after accident, crying. Hand, right arm all have a dull shooting pain, right shoulder and right rib are terribly sore. Her neck is extremely sore. It hurts to breathe, left ribcage is sore, cannot lie on her left side at all. Very upset. Busy lifestyle, it is hard to be hurt. Right shoulder and ribs are the most painful currently, followed by her neck. Shoulder pain initially, then entire arm pain. The pain is currently 7/10 dull to sharp.

Onset Date: 02/23/2016
Medical History: Varicella age 5-10.
MVA in 1998. Concussion. No treatment
Degenerative hyperkyphoscoliosis.
Surgical History: Wisdom teeth removed under anesthesia 2004. No complications.
Family History: M: Lung cancer, overweight.
F: prostate cancer, generally healthy
Sister: cervical cancer. Taking lithium for psychological disorders.
Br: ADHD.
MA: cervical or ovarian cancer.
MGM: colon cancer, IDDM
PGM: lung cancer.
PGF: died when young

Social History: NS, never. Alcohol: 0-2 drinks per day.
Allergies: Bee stings, pollens, weeds, trees. Did not tolerate Omeprazole,
Allergy list reviewed

Current Medications:
1) flaxseed powder, 1 T q 6 days
2) gummy vitamins, 1 qd
3) Thuja 30c, 1 pellet sl tid
4) turmeric golden milk, twice per week
5) whole foods superfood alkalizing powder, once or twice per week

Review of System: Narrative Summary: Patient denies any chest pain, SOB or DOE. No palpitations, presyncope or syncope. No leg swelling or pain that is new for them. Patient denies any recent fevers, chill, change in weight without trying, vision or hearing problems, orthopnea or peripheral edema. They note no lumps or swollen glands, no new rashes, changing moles, or change in bowel or bladder function. No NV, no abdominal pain. Patient reports adequate sleep and quality of diet, but they are challenged by the pain related to current injuries.

OBJECTIVE:

Vital Signs: Blood Pressure: 108/60 mmHg
Pulse: 72 beats/min
Resp. Rate: 16

Treatment Visit One - 2/23/16

Loss of cervical lordosis, anterior head bearing and left lateral cervical tilt. L acromion 1.5 inches higher than right. Significant scoliosis. R anterior shoulder roll. ACROM: significant guarding. Extension 0°, Flexion 15°, L Rotation 15°, R rotation 25°, Lateral flexion 25° R, 15° L. Positive pain for all active CROM...all worse L.

Head region: L Occiput inferior
Cervical: C6 PL, C3 PR, C4 PR
Thoracic: T1 PL, T8 PR, T3 PR, T12 PL
Lumbar: L2PL, L4 PR
Sacral: Coccyx deviates right, R lower SI fixation, L upper SI fixation
Pelvic: L ASIS medial, Pubic bone deviates R
Upper Extremity: R acromion anterior, R ulna superior at radioulnar joint, L acromion inferior
Lower Extremity: R trochanter lateral, R patella lateral
Ribcage: sternum inferior, first rib prominent in left supraclavicular fossa

ALROM: Lateral flexion 20° R, 30° L, rotation wnl but positive for pain. Extension 5° & flexion wnl.
Some pain with passive side bending/extension.
Hypertonic/tt: paracervicals, SCM, pectoralis, thoracolumbar paraspinals worse L, trapezius worse R, infraspinatus worse R, rhomboids, TFL, R tibialis, QL, piriformis, R brachioradialis

Sprain of ligaments of cervical, thoracic and lumbar spine;
Strain of muscle, fascia and tendon at neck level & lower back
Strain of muscle and tendon of back wall of thorax
Sprain of ribs, sacroiliac joint;
Segmental and somatic dysfunction of head, cervical, thoracic, lumbar, sacral and pelvic regions as well as rib cage, upper and lower extremities

Page: 4 of 3

...agitated and crying...affect is normal and appropriate for the situation...nonetheless pleasant and articulate...good judgment and insight into contributing factors in medical concerns...

Sari Gallegos, ND, LAc
6300 9th Ave NE, Suite 109
Seattle, WA 98115
206)784-0230

Avi Taylor
Patient ID: 26147431 DOB: 01/21/1979 Sex: F Account No.:
Encounter ID: 135181451 Encounter Date: 02/23/2016
Encounter Type: Office Visit

Well-nourished and well developed in no acute distress, but agitated and crying. Affect is normal and appropriate for the situation. Patient is nonetheless pleasant and articulate. A and O X 4 with good judgment and insight into contributing factors in medical concerns. Mucosa pink & moist. Extremities well perfused. Gait WNL. Chest is CTA and P without fremitus. Heart is RSR without murmurs or thrill. Thyroid wnl. No cervical nodes palpable. Neg CVA tenderness. PERLLA with mild HPUS. Negative nystagmus. Reflexes +3 for patellar, biceps, triceps and achilles. SLR negative. Loss of cervical lordosis, anterior head bearing and left lateral cervical tilt. L acromion 1.5 inches higher than right. Significant scoliosis. R. Anterior shoulder roll. ACROM: Significant guarding. Extension 0°, Flexion 15°, L Rotation 15°, R rotation 25°, Lateral flexion 25° R, 15° L. Positive pain for all active CROM. Passive CROM increases range, but positive pain at end of comfortable ranges for rotation, extension and lateral flexion, all worse L. Pain for resisted R rotation ALROM: Lateral flexion 20° R, 30° L, rotation wnl but positive for pain. Extension 5° and flexion wnl. Some pain with passive side bending and extension. No pain with resisted LROM. Hypertonic/tt: Paracervicals, SCM, pectoralis, thoracolumbar paraspinals worst L, trapezius worse R, infraspinatus worse R, rhomboids, TFL, R tibialis, QL, piriformis, R brachioradialis.
Head region: L Occiput inferior
Cervical region: C6 PL, C3 PR, C4 PR
Ribcage region: sternum inferior, First rib prominent in left supraclavicular fossa
Thoracic region: T1 PL, T8 PR, T3 PR, T12 PL
Lumbar region: L4 PR, L2 PL
Pelvic region: L ASIS medial, Pubic bone deviates R
Sacral region: Coccyx deviates right, R lower SI fixation, L upper SI fixation
Upper extremity region: R acromion anterior, L acromion inferior, R ulna superior at radioulnar joint.
Lower extremity region: R trochanter lateral, R patella lateral

ASSESSMENT: Diagnosis:

ICD-10 Codes:

- 1)S134XXA; Sprain of ligaments of cervical spine, initial encounter
- 2)S161XXA; Strain of muscle, fascia and tendon at neck level, initial encounter
- 3)S233XXA; Sprain of ligaments of thoracic spine, initial encounter
- 4)S2341XA; Sprain of ribs, initial encounter
- 5)S29012A; Strain of muscle and tendon of back wall of thorax, initial encounter
- 6)S335XXA; Sprain of ligaments of lumbar spine, initial encounter
- 7)S336XXA; Sprain of sacroiliac joint, initial encounter
- 8)S39012A; Strain of muscle, fascia and tendon of lower back, initial encounter
- 9)M9900; Segmental and somatic dysfunction of head region
- 10)M9901; Segmental and somatic dysfunction of cervical region
- 11)M9902; Segmental and somatic dysfunction of thoracic region
- 12)M9903; Segmental and somatic dysfunction of lumbar region

Assessments:

ICD-10 Assessments:

- # Segmental and somatic dysfunction of sacral region: ICD 10: M9904
- # Segmental and somatic dysfunction of pelvic region: ICD 10: M9905
- # Segmental and somatic dysfunction of lower extremities: ICD 10: M9906
- # Segmental and somatic dysfunction of upper extremities: ICD 10: M9907

Treatment Visit Two - 2/26/16

Avi notes up to 10/10 pain levels over the past two days. Sitting, barely moving, hurts to breathe, doing any movement or engaging her core hurts. Hurts to turn, to move, to drive. Bumps while driving are awful. She is used to having pain, but this, she describes as insane, hard to cook, walk, lift things, turn, twist, lean forward, lean back, sit, stand. All of those activities causing sharp, stabbing pain. Day one shot down her arms. At best currently post-treatment, laying on back and not moving. Trying to get up causes a lot of pain. Typing hurts, lifting a glass, using right hand to move papers. Later in day is worse. Got really bad later in day of MVA, was crying that night and next day was even worse. Chest and core and sides felt like an entangled, pulled, twisted angry core/center, ready to snap at any minute. When calmed down lying on table is down to 4-5/10 dull ache. Hurts to talk though in her chest and diaphragm. Pain is worse on right, extends from neck, shoulder, ribcage, down to legs. Whole of back is sore, worst is the right side related to ribs. Left side only slightly tender. Xrays today.

Page: 1 of 3

Sari Gallegos, ND, LAc
6300 9th Ave NE, Suite 109
Seattle, WA 98115
206)784-0230

Avi Taylor
Patient ID: 26147431 DOB: 01/21/1979 Sex: F Account No.:
Encounter ID: 135310735 Encounter Date: 02/26/2016
Encounter Type: Office Visit

SUBJECTIVE:

Chief Complaint:
History Of Present
Illness:

MVA related injuries 02/23/16

Avi notes up to 10/10 pain levels over the past two days. Sitting, barely moving, hurts to breathe, doing any movement or engaging her core hurts. Hurts to turn, to move, to drive. Bumps while driving are awful. She is used to having pain, but this, she describes as insane, hard to cook, walk, lift things, turn twist, lean forward, lean back, sit, stand. All of those activities cause sharp stabbing pain. Day one shot down her arms. At best currently post-treatment, laying on back and not moving. Trying to get up causes a lot of pain. Typing hurts, lifting a glass, using right hand to move papers. Later in day is worse. Got really bad later in day of mva, was crying that night and next day was even worse. Chest and core and sides felt like an entangled, pulled, twisted, angry core/center, ready to snap at any minute. When calmed down lying on table is down to 4-5/10 dull ache. Hurts to talk though in her chest and diaphragm. Pain is worse on right, extends from neck, shoulder, ribcage, down to legs. Whole of back is sore, worst is the right side related to ribs. Left side only slightly tender. Xrays today.

02/23/2016

Onset Date:
Medical History:

Varicella age 5-10.
MVA in 1998. Concussion. No treatment
Degenerative hyperkyphoscoliosis.
Wisdom teeth removed under anesthesia 2004. No complications.
M: Lung cancer, overweight.
F: prostate cancer, generally healthy
Sister: cervical cancer. Taking lithium for psychological disorders.
Br: ADHD.
MA: cervical or ovarian cancer.
MGM: colon cancer. IDDM
PGM: lung cancer.
PGF: died when young

Social History:
Allergies:

NS, never. Alcohol: 0-2 drinks per day.
Bee stings, pollens, weeds, trees. Did not tolerate Omeprazole,
Allergy list reviewed

Current Medications:

- 1) flaxseed powder, 1 T q 6 days
- 2) gummy vitamins, 1 qd
- 3) Thuja 30 c, 1 pellet sl tid
- 4) tumeric golden milk, twice per week
- 5) whole foods superfood alkalizing powder, once or twice per week

Review of System:

Narrative Summary: Patient denies any chest pain, SOB or DOE. No palpitations, presyncope or syncope. No leg swelling or pain that is new for them. Patient denies any recent fevers, chill, change in weight without trying, vision or hearing problems, orthopnea or peripheral edema. They note no lumps or swollen glands, no new rashes, changing moles, or change in bowel or bladder function. No NVB, no abdominal pain. Patient reports adequate sleep and quality of diet, but they are challenged by the pain related to current injuries.

OBJECTIVE:

Vital Signs:

Blood Pressure: 96/60 mmHg
Pulse: 70 beats/min
Resp. Rate: 18

Treatment Visit Two - 2/26/16

Hypertonic/ttp: paracervicals, SCM worse R, pectoralis, thoracolumbar paraspinals worse L, trapezius worse R, infraspinatus worse R, rhomboids, TFL, R tibialis, QL, piriformis, brachioradialis, adductors

Head region: LAO fixation
Cervical: C6 PL, C3 PR, C4 PR
Thoracic: T5 PL, T8 PR, T3 PR, T12 PL
Lumbar: L1 PL, L4 PR
Sacral: R upper & lower SI fixation,
L upper SI fixation
Pelvic: L ischium inferior
Upper Extremity: R acromion medial,
R ulna medial, L acromion lateral
Lower Extremity: L fibula posterior,
R calcaneus medial
Ribcage: sternum inferior, L4-6th CC prominent & inferior, R 10th CC inferior posteriorly

Sprain of ligaments of cervical, thoracic and lumbar spine;
Strain of muscle, fascia and tendon at neck level & lower back
Strain of muscle and tendon of back wall of thorax
Sprain of ribs, sacroiliac joint;
Segmental and somatic dysfunction of head, cervical, thoracic,
lumbar, sacral and pelvic regions as well as rib cage, upper
and lower extremities

Page: 2 of 3

Sari Gallegos, ND, LAc
6300 9th Ave NE, Suite 109
Seattle, WA 98115
206)784-0230

Avi Taylor

Patient ID: 26147431 DOB: 01/21/1979 Sex: F Account No.:

Encounter ID: 135310735 Encounter Date: 02/26/2016

Encounter Type: Office Visit

Objective Notes:

Well-nourished and well developed in no acute distress. Affect is normal and appropriate. Patient is pleasant and articulate. A and O X 4 with good judgment and insight into contributing factors in medical concerns. Mucosa pink & moist. Extremities well perfused. Gait WNL. Chest is CTA and P without fremitus. Heart is RSR without murmurs or thrill. Thyroid wnl. No cervical nodes palpable. Neg CVA tenderness. PERRLA with mild HPUS. Reflexes +3 for patellar, biceps, triceps and achilles. SLR negative.

Hypertonic/ttp: Paracervicals, SCM worse R, pectoralis, thoracolumbar paraspinals worse L, trapezius worse R, infraspinatus worse R, rhomboids, TFL, R tibialis, QL, piriformis, brachioradialis, adductors.

Head region: LAO fixation
Cervical region: C6 PL, C3 PR, C4 PR
Thoracic region: T5 PL, T8 PR, T3 PR, T12 PL
Lumbar region: L1 PL, L4 PR,
Sacral region: R upper and lower SI fixation, L upper SI fixation
Pelvic region: L ischium inferior,
Upper extremity region: R acromion medial, R ulna medial, L acromion lateral
Lower extremity region: L fibula posterior, R calcaneus medial
Ribcage region: sternum inferior, L 4-6th CC prominent and inferior, R 10th CC inferior posteriorly

ASSESSMENT:

Diagnosis:

ICD-10 Codes:

- 1)S134XXA; Sprain of ligaments of cervical spine, initial encounter
- 2)S161XXA; Strain of muscle, fascia and tendon at neck level, initial encounter
- 3)S233XXA; Sprain of ligaments of thoracic spine, initial encounter
- 4)S2341XA; Sprain of ribs, initial encounter
- 5)S29012A; Strain of muscle and tendon of back wall of thorax, initial encounter
- 6)S335XXA; Sprain of ligaments of lumbar spine, initial encounter
- 7)S336XXA; Sprain of sacroiliac joint, initial encounter
- 8)S39012A; Strain of muscle, fascia and tendon of lower back, initial encounter
- 9)M9900; Segmental and somatic dysfunction of head region
- 10)M9901; Segmental and somatic dysfunction of cervical region
- 11)M9902; Segmental and somatic dysfunction of thoracic region
- 12)M9903; Segmental and somatic dysfunction of lumbar region

Assessments:

ICD-10 Assessments:

- # Segmental and somatic dysfunction of sacral region: ICD 10: M9904
- # Segmental and somatic dysfunction of pelvic region : ICD 10: M9905
- # Segmental and somatic dysfunction of lower extremities: ICD 10: M9906
- # Segmental and somatic dysfunction of upper extremities: ICD 10: M9907
- # Segmental and somatic dysfunction of rib cage: ICD 10: M9908

PLAN:

Procedures:

- 1) 99213; return office visit 15 min
- 2) 98929; 9-10 regions osteo manipulations

Care Plan:

Miss Taylor was first seen by her treating physician, Dr. Sari Gallegos, just hours after the impact. RP Vol. 1 p 325 lines 8-9 Having palpably felt the damage done to each vertebrae, she then referred her to specialized radiologist, Dr. John Miller, for a closer look. RP Vol. 1 p 326 line 20 - p 328 line 24 The radiologist, who took a series of films just three days following the collision and noted the measurable, quantifiable impact to Miss Taylor's spine in his radiology report. CP 91-92, Ex. 112. The differences were detailed at trial: RP Vol. 1 p 360 lines 13 - p 361 line 25

The left side impact caused Miss Taylor's upper ribs to jet into her right neck and shoulder area, and forced her hips, pubic bone and tailbone out and also to the right. RP p 328 lines 23-24, p 366 lines 22-25, p 329 lines 10-11, NRP p 69 line 20 Other ribs dislocated and pushed into her lungs, making every breath that would follow, excruciatingly painful. RP Vol. 1 p 349 line 24, p 368 lines 2-5 Individual vertebrae were flung from their prior peaceful positions, with some now jetting left, others right, with many of the remaining stuck in position. RP Vol. 1 p 328 line 18 - p 329 line 7. 73% of Miss Taylor's vertebrae were damaged in this collision, in every single area of her spine. CP 86. The base of her head was now frozen and stuck; the curve of her neck, forcibly taken away. RP Vol. 1 p 361 lines 17-20, NRP

p.74 lines 8-20 She had normal cervical range of motion before, but following this impact, could barely move her head. RP Vol. 1 p 334 lines 10-23, p 320 - p 321 line 7 The pre-existing, dormant curves in her back, each worsened and now marked as 'severe'; the bump in her back now 'sharp and well visualized'. CP9192, Ex. 112. In addition to a new uncommon retroflexion that causes bone displacement. RP Vol. 1 p 360 lines 17-19 Amongst other strains, sprains, injury to her hands and wrists and more, that now limited her movement, and blanketed every single area of her life and livelihood. CP40-45, 47-50, 87-90, Ex. 41 & 42. Despite this, Defense called Dr. James Blue, who testified that there were no injuries and no objective medical findings. RP Vol. 1 p 496 line 12 - p 497 line 12

Dr. Gallegos continued to treat her for two years, administering acupuncture, non-force manipulations and more, until they stopped seeing noticeable improvement, with Miss Taylor feeling 40% better. RP Vol. 1 p 215 lines 3-5, p 202 lines 6-8

She's always been an athletic and active woman, so while she's had scoliosis since she was 12 years old, it's never limited her life, livelihood, mobility, or caused her any pain or suffering. Despite this, Dr. Blue testified that there had been no

Testimonial Evidence - Disfigurement

The differences to Miss Taylor's spine were noticeable to many, with witnesses testifying that she seemed more crooked now, and that following this impact, she was visibly handicapped. RP Vol. 1 p 66 lines 2-4, RP Vol. 1 p.105 lines 11-23

They had vivid memories of finding her hunched over and stuck following this impact, unable to straighten out or stand up. RP Vol. 1 p 62 lines 3-7, RP Vol. 1 p. 64 lines 3-10 They spoke about how this new structural instability now had her constantly relocating dislocating bones. RP Vol. 1 p.71 lines 2-11, RP Vol. 1 p.106 lines 1-4 None of the friends, investors or employees had ever witnessed any of the aforementioned, ever before. The instances recounted span from immediately following the collision, to this very day. CP 47-50

Miss Taylor gave a glimpse into what living this new reality was like. Ex. 24, RP Vol. 1 p.195 lines 4-7, RP Vol. 1 p.206 lines 19-20, RP Vol. 1 p.203 lines 11-21

AVI TAYLOR - FILING PRO SE

July 27, 2022 - 7:38 AM

Transmittal Information

Filed with Court: Supreme Court
Appellate Court Case Number: 101,058-3
Appellate Court Case Title: Avi Leanne Taylor v. Mirina Stone

The following documents have been uploaded:

- 1010583_Other_20220727073619SC832371_3499.pdf
This File Contains:
Other - Appendix B - Motion to Waive Filing Fee
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- mark.miller@farmersinsurance.com

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Address:
PO BOX 1014
Monroe, WA, 98272
Phone: (206) 715-6161

Note: The Filing Id is 20220727073619SC832371

Appendix C

FILED
2019 FEB 22
KING COUNTY
SUPERIOR COURT CLERK

EXP01

CASE #: 19-2-05264-3 SEA

SUPERIOR Court of Washington For KING COUNTY	19-2-05264-3SEA
<u>AVI LEANNE TAYLOR</u> Petitioner/Plaintiff,	No. _____
<u>CAMERON STEWART STONE</u> vs. Respondent/Defendant.	Order Re Waiver of Civil Fees and Surcharges <input checked="" type="checkbox"/> Granted (ORPRFP) <input type="checkbox"/> Denied (ORDYMT) <input type="checkbox"/> Clerk's Action Required 3.1

I. Basis

The court received the motion to waive fees and surcharges filed by or on behalf of the petitioner/plaintiff respondent/defendant.

II. Findings

The Court reviewed the motion and supporting declaration(s). Based on the declaration(s) and any relevant records and files, the Court finds:

- oops!
;
- 2.1 The moving party is indigent based on the following: He or she:
- is represented by a qualified legal aid provider that screened and found the applicant eligible for free civil legal aid services; and/or
 - receives benefits from one or more needs-based, means-tested assistance programs; and/or
 - has household income at or below 125% of the federal poverty guideline; and/or
 - has household income above 125% of the federal poverty guideline but cannot meet basic household living expenses and pay the fees and/or surcharges; and/or
 - other: _____

2.2 The moving party is not indigent.

2.3 Other: _____

III. Order

Based on the findings the court orders:

3.1 The motion is granted, and

all fees and surcharges the payment of which is a condition precedent to the moving party's ability to secure access to judicial relief are waived.

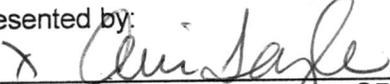
other: _____

3.2 The motion is denied.

Dated: 2/22/19



Judge/Commissioner

Presented by: 

Signature of Party or Lawyer/MSBA No.

Avi TAYLOR 2/22/19

Print or Type Name

Date

HENRY H. JUDSON

FEB 22 2019

COURT COMMISSIONER

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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR KING COUNTY**

Avi Leanne Taylor

Plaintiff/Petitioner

vs.

Mirina Stone,

Defendant/Respondent

Case No. 19-2-05264-3 SEA

FINDING OF INDIGENCY AND ORDER
DIRECTING THE CLERK OF COURT TO
TRANSMIT MOTION AND ALL PAPERS
SUPPORTING IT TO SUPREME COURT
UNDER RAP 15.2(C)

Clerk's Action Required

I. BASIS

THIS MATTER came before the court on Plaintiff's Motion for order to Show Cause re: Vacation of Order on Indigency and Motion to Vacate Order on Indigency. The court the following:

- 1) Plaintiff's Motion for Order to Show Cause Re: Vacation of Order on Indigency (Dkt #156);
- 2) Declaration of Avi Taylor in Support of Plaintiff's Motion for Order to Show Cause re: Vacation of Order of Indigency, and exhibits A-E attached thereto (Dkt #157);
- 3) Defendant Stone's Response to Plaintiff's Motion to Vacate Indigency Order (Dkt #160).

1 Plaintiff had filed a Motion for Order of Indigency which the Court Denied without
2 Prejudice on June 10, 2021 because there was insufficient documentation for the court to forward
3 the necessary documentation to the Supreme Court pursuant to RAP 15.2(c). Although the
4 plaintiff titles her motion as a Motion to Vacate Order on Indigency, it is clear she is asking for
5 the court to make a finding of indigency and transfer the matter to the Supreme court for
6 assessment pursuant to RAP 15.2(c).
7

8 II. FINDINGS

9 Having reviewed the additional files and records herein, and pursuant to RAP 15(c)(2),
10 the court makes the following findings:

- 11 1. The moving party is indigent because she has a household income at or below the
12 125% of the federal poverty guideline.
- 13 2. The moving party is unable to pay for the expenses of appellate review based on her
14 indigency.
15

16 III. ORDER

17 Based on the findings, the Clerk of the Court is directed to transmit to the Supreme Court,
18 without charge to the moving party, this finding of indigency, the affidavit in support of the
19 motion and all other papers submitted in support of the motion.
20

21 DATED this 19th day of October, 2021.
22

23 *Electronic Signature Attached*

24 _____
25 Judge Regina S. Cahan
26 Chief Civil Judge

King County Superior Court
Judicial Electronic Signature Page

Case Number: 19-2-05264-3

Case Title: TAYLOR vs STONE

Document Title: ORDER RE FINDING OF INDIGENCY AND TRANSFER T

Signed By: Regina Cahan

Date: October 19, 2021



Judge: Regina Cahan

This document is signed in accordance with the provisions in GR 30.

Certificate Hash: AB8C2D4446EBEB4BB439ECF0CC0EE090B63DC727

Certificate effective date: 7/16/2018 1:46:58 PM

Certificate expiry date: 7/16/2023 1:46:58 PM

Certificate Issued by: C=US, E=kcscefiling@kingcounty.gov, OU=KCDJA,
O=KCDJA, CN="Regina Cahan:
GoGvw4r95BGhF7dmHl1GsA=="

LEA ENNIS,
Court Administrator/Clerk

The Court of Appeals
of the
State of Washington

DIVISION I
One Union Square
600 University Street
Seattle, WA
98101-4170
(206) 464-7750

June 16, 2021

Mark Matthew Miller
Law Offices of Mark M. Miller
15500 SE 30th PI Ste 201
Bellevue, WA 98007-6347
mark.miller@farmersinsurance.com

Avi Taylor
PO Box 1014
Monroe, WA 98272
ombience.om@gmail.com

CASE #: 82680-8-I
Avi Taylor, Appellant v. Mirina Stone, Respondent

Counsel:

The following notation ruling by Commissioner Jennifer Koh of the Court was entered on June 16, 2021:

Based on the trial court's order of indigency, the filing fee is hereby waived.

Sincerely,



Lea Ennis
Court Administrator/Clerk

HCL

AVI TAYLOR - FILING PRO SE

July 27, 2022 - 7:39 AM

Transmittal Information

Filed with Court: Supreme Court
Appellate Court Case Number: 101,058-3
Appellate Court Case Title: Avi Leanne Taylor v. Mirina Stone

The following documents have been uploaded:

- 1010583_Other_20220727073823SC541890_5627.pdf
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A copy of the uploaded files will be sent to:

- cheryl.frost@farmersinsurance.com
- mark.miller@farmersinsurance.com

Comments:

Sender Name: Avi Taylor - Email: ombience.om@gmail.com
Address:
PO BOX 1014
Monroe, WA, 98272
Phone: (206) 715-6161

Note: The Filing Id is 20220727073823SC541890

Appendix D

1 to support a finding for future damages, such as testimony regarding pain
2 and suffering up to the time of trial, which is ample.

3
4 The Plaintiff herself testified to the devastating effect of these injuries
5 still to this day: “In the time I can move, I do things, and that’s not
6 always...enough time to push through the pain...sometimes it’s 5-6 weeks at
7 a time, that are 8/9/10 out of 10 in pain, with less than 5 good days...I’m not
8 100% sure I’ll get better now, it’s not looking good. I thought after I closed the
9 doors to the biz and I was finally able to fully focus on healing, that I would
10 start getting better...I’m finally resting enough and I’m finally focusing on
11 my body enough, and I’m not getting better, and it feels like it’s getting worse”

12 She went on to speak to this directly: “Future pain and suffering; it’s
13 their duty to do everything in their power to get me to pre-accident status
14 and I’m nowhere near that. It’s so much worse now than when I stopped
15 treatment in 2017 and plateaued, reaching 40% pre-accident status. If I’m
16 completely - like I’m not sure if I will get better, at this point, like there’s only
17 so many times you can be hit before it’s hard to get back up again.” Then, on
18 redirect “I thought I would heal like I had the last one...kept getting worse”

19
20 Miss Taylor’s own 2019-2020 pain logs (Exhibit B) provide a glimpse
21 into the window that is now her world; as she continues to suffer to this day
22 from the injuries sustained in this collision. We see she is averaging 1-2 days
23 a week that are less than an 8/10; what does just one week look like though?
24 6 days of piercing pain, and then one good one, to catch up on well,
25 everything; then the next week: (1) nerves in back and neck pulled, pinched
26 and firing, sending electric pain to head, migraine; (2) also the next day -
27 48hrs; (3) hands hurt both while resting and while using; typing, preparing
28 exacerbates, hurts to hold water, pet cats, etc; (4) also the next day; (5) less

1 than 8/10; yay! (6) ribs dislocating into lung area, hurts incredibly (7) and the
2 next day; (8) and the next day - 72hrs (9) run down, feel like got hit by truck,
3 so much pressure in head (it's no wonder); (10) ribs dislocating (again), psoas
4 cramping, back stuck over, difficult to sit up, straighten back, move across
5 room; (11) was up til 6am last night trying to get pain levels down (12) ribs
6 out, vertebrae twisted and jetting out, upper right quadrant, hurts to breathe,
7 hunched over (13) less than 8/10 (that's 2 days that are less than 8/10 in the
8 past 2 weeks); (14) right hip out, nerves pulled around spine, vertebrae out,
9 ribs out, traveling down leg, hurts to touch skin area, myofascial painful, the
10 slightest movement painful and difficult, can put no weight on leg, find cane;
11 (15) hurts and worsens when I try to get across the room, so much difficulty
12 caring for kitties, showering, watering garden, preparing food, doing dishes;
13 how will I get to the store, need help at home, have for awhile now. Averaging
14 1-2 days a week that are below an 8/10, with zero, none at pre-accident status

15 To say she's still suffering because of the injuries sustained in this
16 collision is an understatement. Miss Taylor was engaged in a myriad of
17 activities prior to this collision that she is no longer able to entertain; in the
18 space they used to occupy now is now encompassed by immobility and pain,
19 as she struggles to stand up, get across the room, breathe, move her head,
20 prepare meals, care for her home, self, animals – she is worlds away from
21 where she was prior to this collision; a very different and dismal, existence.

22
23 Miss Taylor testified to this effect in court, stating in part “December
24 of last year, 2019...3 weeks had excruciating pain, hurt to wash hair, pet cats,
25 wash veggies, dress, screaming excruciating pain...it was harder and harder
26 to make it up the stairs to work, it was hunching, it was sticking, I couldn't
27 straighten back up again; I was taking breaks on the stairs getting up; so in
28 December 2019 I had to shut the doors to Northwest Wonderland in the

Summer 2020 .pain log.

7/17 ouch
7/18 ouch
7/19 ouch
7/20 yay!
7/21 yay!
7/22 ouch
7/23 ouch
7/24 yay!
7/25 ouch
7/26 ouch
7/27 ouch
7/28 ouch
7/29 ouch
7/30 yay!
7/31 ouch
8/1 ouch
8/2 yay!
8/3 ouch
8/4 ouch
8/5 ouch
8/6 yay!
8/7 ouch
8/8 ouch
8/9 ouch
8/10 ouch
8/11 ouch
8/12 ouch
8/13 ouch
8/14 yay!
8/16 yay!
8/17 ouch
8/18 ouch
8/19 ouch
8/20 ouch
8/21 ouch
8/22 ouch
8/23 1st good day in a week
8/24-8/25 M/T nerves in back and neck sending shitty, tight, clenching, electric pain to head; pinched, pulled, mild migraine
8/26-8/27 W/T hands hurt resting and using; typing preparing exacerbating, hurts to hold water, pet cats, etc
8/28 Friday GOOD
8/29-8/31 Sat/Sun/Mon okay overall; ribs dislocating into lung area, hurts incredibly
9/1-9/2 Tues/Weds very run down, feel like got hit by a truck, so much pressure in head, runny nose, weathered
9/3 Thurs first half of day good; second half ribs dislocating, psoas cramping, back stuck over; difficult to sit up, straighten back, move across room
9/4 Friday up til 6am thursday trying to reduce pain so that upon waking it's less; it's less upon waking but still not productive space
9/5 Saturday first hour so promising, 2nd hour ribs out, vertabrae twisted and jetting out, upper right quadrant hurts to breathe, hunched over / right side
9/7 Mon GOOD

Summer 2020

.pain log. continued

9/8 Tues first half, so good; early evening: right hip out, nerves pulled around spine, vertebrae out, M/L ribs out, tying all together, traveling down leg. A few inches above ankle on calf along bone, swollen around bone; entire leg ice cold, hurts to touch skin in area, myofascial painful, the slightest movement painful and difficult and ill advised; can put no weight on leg; find cane, gently apply muscle balm +

9/9 Weds the more off it, the faster heals; still swollen, less painful, need to stay off it, hurts and worsens when I try to get across room, so much difficulty caring for kitties, showering, watering garden, preparing food, doing dishes; how will i get to the store, need help at home (have for awhile)

Thurs (9/10) note: feels like related to right side seizing, no new ankle/leg/any injury; go get knee scooter down

prior pain notes

(in part; see medical charts for pain intake and experience 2016-2017)

above - early 2019 - lose house, car, pain and immobility getting even more in the way of productivity and meaningful work, hungry, malnourished, no social life anymore

late fall 2019 - make small batch of bath bombs, can't use hands for 3 weeks without excruciating pain; hurts to wash hair, dress, pet cats, lift, prep food

november / december 2019 - hands sticking, back hunching, can't make it up stairs to work

dec / jan / feb crying all the time; had to close doors to business couldn't move enough to make it happen, have to put body first

may 2 good days per week average

june 2-3 good days per week average

july / august / september 2020

4 weeks - two days per week good on average; brittle low back etc

2 weeks - one day per week good; not enough time, resources

AVI TAYLOR - FILING PRO SE

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Transmittal Information

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Appellate Court Case Title: Avi Leanne Taylor v. Mirina Stone

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STATE OF WASHINGTON
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Appendix E

LACOMA WA 98411-6699



Dear AVIL TAYLOR
Your benefit will
A 98272-40



WASHINGTON STATE
Department of Social
& Health Services

11/27/21

AVIL TAYLOR
PO BOX 1014
MONROE WA 98272-4014

Phone #
TTY/TDD # 800-209-5446
Toll Free # 877-501-2233
Client ID # 004221365

Dear AVIL TAYLOR

Your benefit will change beginning 01/01/22.

Basic Food Assistance (federal)

From
\$161.00

To
\$134.00

03/23/21 AVI L TAYLOR

IO: 000931 Seq: 00003213 Page: 11 of 13

Medical Programs

AU # 018975251

Household size for this program 1

Income We Count

	03/2021	04/2021
	\$1013.00	\$1013.00

AVIL TAYLOR

Social Security Benefits

	03/2021	04/2021
	\$1013.00	\$1013.00

Total Gross Income

1 MONEY & THE FUTURE

2 Appellant receives \$1,013 per month to live on from disability.

3
4 This is just over \$12K per year, well below the poverty level.

5 (See Appendix E : Proof of Income and Food Stamps)

6
7
8 She has been living on the above monthly income, since this
9 collision. This means that in trial court, she had to choose
10 between food & fees. She exhausted her savings surviving
11 following this collision, on rent, massage, food, etc. She has not
12 been able to afford a home, for the first time in her life. She has
13 not been able to resume any of her pre-accident activities.

14
15
16
17
18 The trial court damage award for past pain and suffering, only.

19
20 Trial Court Award \$35K

21
22
23 MINUS

24 Past Medical \$19,728

25
26 (See Appendix A : Medical Bills from this Collision)

AVI TAYLOR - FILING PRO SE

July 27, 2022 - 7:41 AM

Transmittal Information

Filed with Court: Supreme Court
Appellate Court Case Number: 101,058-3
Appellate Court Case Title: Avi Leanne Taylor v. Mirina Stone

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