CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO: 2013-3795

DIVISION "M" (13)

THOMAS LAVIGNE

VERSUS

ALLIED SHIPYARD, INC., RONALD L. CALLAIS, THE GRAY INSURANCE COMPANY, INC., D/B/A GRAY & COMPANY, INC., ANNE PAIGE LOWENBURG, AND PROGRESSIVE INSURANCE COMPANY

FILE	ED:
	DEPUTY CLERK
	JURY VERDICT FORM
1.	Was Mr. Ronald Callais negligent in causing the accident on April 22 2012?
	Yes No
(Not "No	te: If your answer is "Yes," proceed to Question 2; if your answer is ," sign and date this form and return to the courtroom.)
2.	Was Ms. Anne Lowenburg negligent in causing the accident on April 22, 2012? Yes No
	Yes No
(Not ansv	te: If your answer is "No," to Question 2, proceed to Question 4. If your wer is "Yes to Question 2, Proceed to Question 3.)
3.	What percentage of fault for causing the accident in which plaintiff was involved on April 22, 2012, is attributable to each of the following people? (Note: If you answered "No" to Questions 1 and/or 2, the line next to his or her name should state "0%").
	Mr. Callais: 160 %
	Ms. Lowenburg:
	TOTAL100 %
4.	Did the April 22, 2012 accident cause injuries and/or damages to Mr. Lavigne?
	Yes No
(Not "No,	e: If your answer is "Yes," proceed to Question 5; if your answer is," sign and date this form and return it to the courtroom).

5. Please state the total amount of money which was proven to have been caused by the the April 22, 2012 accident that would fairly and adequately compensate Mr. Lavigne for each of the categories listed below:

(Note: If you find that injuries or damages in any of the categories listed below were <u>not</u> proven, please write \$0.00 in the corresponding blank)

TOTAL	\$2,741,90554
Future Loss of Enjoyment of Life	\$ 400,000
Past Loss of Enjoyment of Life	\$ 200,000
Future Mental Anguish	s 400,000
Past Mental Anguish	\$ 300,000
Future Physical Pain and Suffering:	\$ 250,000
Past Physical Pain and Suffering:	\$ 400,000
Loss of Earning Capacity/Future wage loss:	\$ 152,946
Past Lost Wages:	\$ 55,843
Future Medical Expenses:#580 K	\$55,843 D.W.
Past Medical Expenses:	\$23,117,54

PLEASE SIGN AND DATE THIS FORM AND RETURN TO THE COURTROOM.

New Orleans, Louisiana on Cober (Date)

[Date]

[Name of foreperson]