

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS

-----X  
JULIO CESAR PUAC,

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE  
VENTURE GROUP LLC,

Defendant.  
-----X

Index No.: 702770/2022

**VERIFIED BILL  
OF PARTICULARS**

Plaintiff, by the undersigned attorney, WILLIAM SCHWITZER & ASSOCIATES, P.C., responding to defendant LINE VENTURE GROUP LLC's demand for a bill of particulars, alleges, upon information and belief, as follows:

1. Plaintiff objects to Defendant's demand for date of birth and social security number of Plaintiff as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, Plaintiff's date of birth is April 2, 1992.

2. Plaintiff's residential address now and at the time of the accident is 104-27 Alstyne Avenue, Basement, Corona, New York 11368.

3. The accident occurred on January 12, 2022 at approximately 5:30 PM.

4. The accident occurred at or around the premises known as 35-50 Junction Blvd, County of Queens, City and State of New York.

5. Plaintiff objects to Defendant's demand for the manner in which the Plaintiff claims the accident occurred as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see response to demand No. 29.

6. Plaintiff objects to Defendant's demand for the name and address of any witness

to the occurrence as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection see Plaintiff's Response to Combined Demands for Witness Information.

7. Plaintiff objects to Defendant's demand to state the relationship of any witness to the Plaintiff as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars.

8. The following injuries of Plaintiff were caused, aggravated, accelerated, precipitated and/or enhanced as a result of Defendant's negligence and/or Labor Law violations:

**LEFT WRIST/HAND**

- Fracture of the distal radius
- Tear of the Triangular fibrocartilage complex
- Fracture of radial diaphyseal/metaphyseal fracture
- Tear of the extensor carpi ulnaris tendon
- Tear of the anterior oblique and dorsal radial ligament
- Tear of the flexor complex at both the 1<sup>st</sup> metacarpophalangeal and interphalangeal joints
- Joint effusion
- Edema
- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling

- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the left wrist resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

### **LEFT SHOULDER**

- Rotator cuff tear
- Tear of labrum
- SLAP tear
- Tear of bicep labra anchor complex
- Tear of the supraspinatus tendon
- Tear of the infraspinatus tendon
- Tear of the subscapularis tendon
- Middle glenohumeral ligament
- Edema
- Effusion
- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the left shoulder resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

**LEFT KNEE**

- Tear of lateral collateral ligament
- Tear of the medial meniscus
- Tear of the medial collateral ligament
- Edema
- Joint effusion
- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the left knee resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

**RIGHT ANKLE**

- Tear of anterior talofibular ligament
- Tear of posterior talofibular ligament
- Tear of peroneus brevis tendon

- Tear of longus tendon
- Tear of flexor hallucis longus tendon
- Edema
- Effusion
- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the right ankle resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

**LEFT FOOT**

- Tear of medial collateral ligament
- Tear of extensor tendon at the 1<sup>st</sup> metatarsophalangeal joint
- Edema
- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis

- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the left foot resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

#### **CERVICAL SPINE**

- C5-6 bulge
- C6-7 bulge
- Internal derangement
- Spasms
- Radiculopathy
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the cervical spine resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

**LUMBAR SPINE**

- L5-S1 herniation
- Internal derangement
- Spasms
- Radiculopathy
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the lumbar spine resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

**LEFT HIP**

- Tear of the anterior femoroacetabular labrum
- Tear of the gluteus minimus tendon
- Tear of the gluteus medius tendon
- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis

- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the left hip resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

### **RIGHT SHOULDER**

- SLAP tear
- Rotator cuff tear
- Tear of the supraspinatus tendon
- Tear of the infraspinatus tendon
- Effusion
- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the right shoulder resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.



**RIGHT KNEE**

- Tear of the medial meniscus
- Tear of the anterior cruciate ligament
- Effusion
- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the right knee resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

**RIGHT ELBOW**

- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling

- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the right elbow resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

### **LEFT ELBOW**

- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the left elbow resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

### **RIGHT WRIST/HAND**

- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling

- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the right wrist resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

#### **LEFT ANKLE**

- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the left ankle resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

#### **RIGHT FOOT**

- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling

- Need for future surgery

As a result of the foregoing, Plaintiff suffers from severe pain, swelling and tenderness of the right foot resulting in loss of strength, loss of function, loss of motion, restriction of movement all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

The foregoing injuries directly affected the bones, tendons, tissues, muscles, ligaments, nerves, blood vessels and soft tissue in and about the involved areas and sympathetic and radiating pains from all of the which Plaintiff suffered, still suffers and may permanently suffer.

As a result of the accident and the injuries herein sustained, Plaintiff suffered a severe shock to his nervous system; the foregoing injuries have impaired the general health of the Plaintiff. Plaintiff verily believes that all of the injuries hereinabove sustained are permanent and progressive in nature.

Plaintiff may permanently suffer from the aforesaid injuries and from its effects upon his nervous system and may limit his activities for his life. Plaintiff may be restricted in his normal life and activities and may permanently require medical care and attention.

9. Plaintiff objects to Defendant's demand to describe all injuries claimed to be permanent in their nature and consequences in sufficient detail to permit definite identification as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, all of Plaintiff's injuries are said to be permanent and progressive in nature. See also response to demand No. 8.

10. Plaintiff objects to Defendant's demand to state whether Plaintiff claims any limitation of motion, loss of use, or loss of function as a result of the injuries alleged, and, if so, state the nature, extent and degree of permanency thereof as this is not a motor vehicle accident and a limitation of motion, loss of use or loss of function are not a pre-requisite to Plaintiff's

Labor Law claims. However, without waiving this objection, see response to demand No. 8.

11. Plaintiff objects to Defendant's demand to state the name and address of all doctors, therapists, physicians, chiropractors, nurses, hospitals, counselors, psychiatrists, psychologist, and any other medical care providers whom Plaintiff saw or consulted for the injuries allegedly sustained as a result of the incident alleged in the Complaint, and state the nature of the ailment, illness or other reason for which such doctor was consulted and the dates of each consultation as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see Plaintiff's Response to Combined Demands.

12. Plaintiff objects to Defendant's demand to state whether Plaintiff has ever suffered injury or disease to the areas alleged to be injured in the incident from which the action arises at any time prior to or subsequent to the incident and, if so, state (a) the date of such injury or disease; its nature; and (b) name and address of any treating medical care provider for such injury or disease, including dates of such treatment as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars.

13. Plaintiff objects to Defendant's demand to state the name and address of all doctors whom Plaintiff saw or consulted during the five years preceding the date of the alleged accident, and state the nature of the ailment, illness or other reason for which such doctor was consulted and the dates of each consultation as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars.

14. Plaintiff objects to Defendant's demand to describe in detail all ailments, infirmities, disabilities and injuries existing prior to the date of the alleged accident as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars.

15. Plaintiff objects to Defendant's demand to state whether the occurrence of the

alleged accident exacerbated any of Plaintiff's previous ailments, infirmities, disabilities and injuries if any, and if so, for each such ailment, infirmity, disability and injury set forth: (a) the nature, location and extent of the exacerbation claimed; (b) the name and address of all doctors whom the Plaintiff saw or consulted as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars.

16. Plaintiff objects to Defendant's demand for the length of time Plaintiff was confined to a hospital and name of hospital, setting forth the dates of each hospital confinement and identify the hospitals to which confined as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, Plaintiff was "confined" to Elmhurst Hospital on January 12, 2022. See also Plaintiff's Response to Combined Demands.

17. Plaintiff objects to Defendant's demand for the length of time Plaintiff was confined to bed and/or home as a result of the accident as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, Plaintiff has been "confined" to bed and home intermittently since the date of the accident, to present and continuing.

18. Not applicable as there is not claim for damages to clothing or other personal items as a result of the incident alleged in the Verified Complaint at this time.

19. At the time of the accident, Plaintiff was employed as a laborer. Plaintiff is not currently employed. At the time of the accident, Plaintiff was employed by Queens Iron Master located at 108-08 Northern Blvd, Flushing, New York 11368. Plaintiff has been incapacitated from employment since the date of the accident, to present and continuing. At the time of the accident, Plaintiff's weekly earnings were approximately \$930.00. Plaintiff's claim for lost wages is estimated at \$30,000.00 and continuing.

20. Not applicable as Plaintiff was not self employed at the time of the incident or at present.

21. Plaintiff has been incapacitated from employment/ his occupation since the date of the accident, to present and continuing.

22. Plaintiff objects to Defendant's demand to set forth the amount of lost earnings or any financial loss incurred and the method by which the lost earnings and financial loss is computed as it is repetitive. However, without waiving this objection see response to demand No. 19.

23. Plaintiff claims the following special damages:

(a) Medical, surgical and dental services: Estimated at \$25,000.00;

Plaintiff objects to Defendant's demand to state separately the amount for each service and identifying by whom rendered as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see Plaintiff's Response to Combined Demands.

(b) Hospital services: Estimated at \$5,000.00;

Plaintiff objects to Defendant's demand to state separately the name and address of each hospital and the amount of each bill as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see Plaintiff's Response to Combined Demands.

(c) Nurses' services: Included in (a) and (b);

Plaintiff objects to Defendant's demand to state separately the amount for each service identifying by whom rendered as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see Plaintiff's Response to Combined Demands.

(d) Ambulance, x-rays, prescriptions: Included in (a) and (b);

Plaintiff objects to Defendant's demand to state separately the amount of each bill and the service for which it was rendered as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see Plaintiff's Response to Combined Demands.

- (e) Physical Therapy: Included in (a) and (b);

Plaintiff objects to Defendant's demand to state separately the amount for each service and identify by whom rendered as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see Plaintiff's Response to Combined Demands.

- (f) Chiropractic services: Included in (a) and (b);

Plaintiff objects to Defendant's demand to state separately the amount for each service and identify by whom rendered as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection see Plaintiff's Response to Combined Demands.

- (g) Other: Plaintiff is claiming past, present and future medical bills and past, present and future pain and suffering, amounts which will be determined by the trier of fact.

Plaintiff is claiming past, present and future medical bills and past, present and future pain and suffering, amounts which will be determined at trial by the trier of fact. It is anticipated that Plaintiff will require future treatment for the body parts alleged herein, including but not limited to:

Epidural steroid injections, facet injections, radiofrequency ablation, physical therapy, chiropractic treatment, analgesics, MRIs, medications, pain management, surgery follow-ups, greater occipital nerve block injections, nerve conduction studies, CAT scans, diagnostic studies, anesthesia, implants, trigger point injections, joint "lubrication" injections, spinal cord stimulator, surgery and revision surgery.

24. Plaintiff objects to Defendant's demand to state the exact length of time, if any, during which Plaintiff (a) was required to wear a cast or other protective device; and (b) was required to use crutches or a cane as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars.

25-27. Plaintiff objects to Defendant's demands regarding collateral source information



as they are evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see Plaintiff's Response to Combined Demands for Collateral Source Information.

28. Plaintiff objects to Defendant's demand to state the amount that Plaintiff expects will be expended in the future as a result of the injuries claimed for: (a) medical care and treatment; and (b) nurses, medicine, appliance or other aids to cure as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see response to demand No. 23.

29. Defendants were negligent, careless, reckless and/or violated the Labor Law as follows:

- In failing to provide a proper and safe elevated work surface;
- In failing to provide a hoist;
- In failing to properly secure, brace, or otherwise support the construction area so as to protect the Plaintiff from the hazards of falling object(s);
- In failing to provide workers and in particular this Plaintiff with protection against height/gravity related risks;
- In causing, suffering and permitting falling hazards to exist at the subject site;
- In failing to provide adequate barriers and/or guarding;
- In failing to properly place construction equipment and supplies on the construction site;
- In failing and neglecting to provide a suitable and/or safe place for Plaintiff to work;
- In failing and neglecting to supervise, inspect, evaluate and observe the materials, equipment and supplies workers use in the course of work in progress;

- In failing and neglecting to properly instruct and supervise workers, and more particularly Plaintiff, upon the work site in the usual necessary, proper and required safety measures and procedures;
- In failing, neglecting and omitting to provide safety devices, for proper protection and to guard against and eliminate the hazard of falling object(s);
- In failing to remove said dangerous condition and take other steps necessary to remedy said dangerous, defective and hazardous condition;
- In failing to take all necessary steps, actions and precautions to prevent the occurrence;
- In failing to exercise the care, caution and judgment required of the Defendants under all the circumstances that exist at the time of the occurrence and prior thereto;
- In failing to provide Plaintiff with a safe place to work;
- In failing and omitting to properly manage, control and supervise the work place;
- In failing and omitting to ensure that all work was performed in a safe and workman like manner;
- In failing and omitting to properly train and instruct its agents, servants and/or employees;
- In failing to provide the Plaintiff with protection from unsecured falling object(s);
- In negligently, carelessly and recklessly directing, managing, controlling and supervising the work place;
- In failing and omitting to properly instruct and train laborers and workers;
- Plaintiff will also rely on the doctrine of *res ipsa loquitor*.
- In failing and neglecting to provide an adequate safety device to protect the plaintiff from falling from a height;
- In failing and neglecting to provide harness, lanyards, hoists and other protective devices;
- In failing and neglecting to protect Plaintiff from height related risks;

- In failing and neglecting to provide Plaintiff with adequate safety devices;
- In failing and neglecting to supervise, inspect, evaluate and observe the materials, equipment and supplies workers use in the course of work in progress;
- In failing and neglecting to properly instruct and supervise workers, and to this Plaintiff in particular, upon the work site in the usual necessary, proper and required safety measures and procedures;
- In failing and neglecting to engage and employ experienced, trained and required engineering design and safety officials;
- In failing, neglecting and omitting to provide safety devices, safety belts or equivalent devices for proper protection and to guard against and eliminate the hazards of falling;
- In failing and neglecting to remove said dangerous conditions and take other steps necessary to remedy said dangerous conditions;
- In failing and neglecting to take all necessary steps, actions and precautions to prevent the occurrence; and
- In failing and neglecting to exercise the care, caution and judgment required of the Defendant under all the circumstances that exist at the time of the occurrence and prior thereto.

The aforesaid accident was due to Defendants as a result of the carelessness and negligent manner in which the Defendants owned, operated, maintained and controlled the aforesaid location, without the Plaintiff in any way contributing thereto.

30. Plaintiff objects to Defendant's demand to state whether any other claim or lawsuit was filed against anyone other than the Defendants named herein which arises out of the alleged accident as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars.

31. Plaintiff objects to Defendant's demand to state whether or not any claim is being made under Worker's Compensation of New York or any other state as it evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see

Plaintiff's Response to Combined Demands.

32. Plaintiff objects to Defendant's demand Pursuant to CPLR §3101(e), state whether any representative of this answering defendant has made any statement or admission regarding the occurrence, if so, set forth: (a) their name and address; (b) their employment position; (c) the substance of said admission or statement; and (d) the date of said admission or statement as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars.

33. The Defendants violated Labor Law §§ 200, 240(1) and 241(6) and Industrial Code §§ 23-1.7 et seq., 23-1.5, 23-1.16(b), and 23-1.7(f).

34-36. Plaintiff objects to Defendant's demands regarding a dangerous or defective condition or equipment as they are evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see response to demand No. 29.

37-38. Actual notice is claimed, in that the Defendants, their agents, servants, contractors and employees caused, permitted, allowed and/or created said dangerous and hazardous condition. The Defendants in the exercise of due and reasonable care should have known of the dangerous and defective condition. Also, upon information and belief, it will be claimed that the Defendants, their agents, servants, contractors and employees caused, contributed and/or created the dangerous and hazardous condition as aforesaid and had determined the existence of the dangerous and hazardous conditions and observed same prior to directing the Plaintiff to work in the subject area. Additionally, actual notice and prior written notice is not a pre-requisite to Plaintiff's Labor Law claims.

Constructive notice is claimed, in that the Defendants, their agents, servants, contractors and employees caused, permitted and allowed said dangerous and hazardous condition to be, become and remain at the subject premises for such a lengthy period of time prior to this accident

that the Defendants knew or in the exercise of due and reasonable care should have known to be then and there existing and remedy same. Additionally, constructive notice is not a pre-requisite to Plaintiff's Labor Law claims.

39. Plaintiff objects to Defendant's demand if a claim is being made that this answering Defendant failed to train and/or supervise its employee(s), state how such training and/or supervision was inadequate and what training and/or supervision should have been provided as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see response to demand No. 29.

40. Plaintiff objects to Defendant's demand if it is claimed that this answering defendant deviated from any industry custom, practice or usage, describe with particularity each applicable industry custom, practice and usage and the precise manner in which it is claimed this answering defendant deviated from such as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection see response to demand No. 29.

41. Plaintiff objects to Defendant's demand if it is claimed that Section 200 of the Labor Law was violated set forth: (a) the connection, if any, of the part represented by the undersigned to the methods and detailed of the work being performed; and (b) the basis of particulars of any claim that the Plaintiff was not provided with a reasonable safe place to work as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see response to demand No. 29.

42. Plaintiff objects to Defendant's demand if it is claimed that Section 240(1) or 241 of the Labor Law was violated set forth (a) how the Plaintiff was not provided with proper protection; (b) state whether or not the Plaintiff alleged he/she was not provided with any safety devices and if not, set forth the devices or devices it will be alleged that Plaintiff should have

been provided with; and (c) identify with particularity the nature of the hazard it will be alleged that from which the Plaintiff was not given proper protection; and (d) identify all regulations allegedly violated by this Defendant as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars. However, without waiving this objection, see response to demand No. 29.

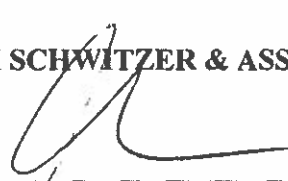
43. Plaintiff objects to Defendant's demand to set forth whether or not Plaintiff was at the time of the occurrence working with any construction equipment, scaffolding, hoist, stays, ladders, slings, hangers, blocks, pulleys, braces, irons, ropes, planking and if so, set forth the owner of said items and the person in control of said items at the time of the occurrence as it is evidentiary in nature and/or beyond the scope of a Bill of Particulars.

**PLEASE TAKE NOTICE**, that Plaintiff reserves the right to amend and/or supplement the above up to and including the time of trial.

**PLEASE TAKE FURTHER NOTICE**, that Plaintiff reserves the right to serve an amended and/or supplemental Bill of Particulars in connection with all claims including those of continuing special damages and disabilities.

Dated: New York, New York  
August 18, 2022

Yours, etc.,  
**WILLIAM SCHWITZER & ASSOCIATES, P.C.**



By: Christopher W. Drake, Esq.  
*Attorneys for Plaintiff*  
**JULIO CESAR PUAC**  
820 Second Avenue, 10<sup>th</sup> Floor  
New York, New York 10017  
(212) 683-3800  
File No.: SRDS22-004


TO: George S. Kolbe  
Raven & Kolbe, LLP  
Attorneys for Defendant  
LINE VENTURE GROUP LLC  
126 East 56<sup>th</sup> Street, Suite 202  
New York, New York 10022  
File No.: 757-382-05

The Bell Law Group, PLLC  
Attorneys for Defendant  
BG 37<sup>th</sup> AVENUE REALTY LLC  
116 Jackson Avenue  
Syosset, New York 11791

**ATTORNEY VERIFICATION**

I, Christopher W. Drake, the undersigned, an attorney admitted to practice in the courts of New York State, state under penalty of perjury that I am one of the attorneys for the plaintiff in the within action; I have read the foregoing **BILL OF PARTICULARS** and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe to be true. The reason this verification is made by me and not by my client, is that my client is not presently in the County where I maintain my offices. The grounds of my belief as to all matters not stated upon my own knowledge are the materials in my file and the investigations conducted by my office.

Dated: New York, New York  
August 18, 2022

  
\_\_\_\_\_  
Christopher W. Drake, Esq.



AFFIDAVIT OF SERVICE

STATE OF NEW YORK     }  
                                      } ss.:  
COUNTY OF NEW YORK   }

Sufia Aktar, being duly sworn, deposes and says:

I am over 18 years of age, I am not a party to the action, and I reside in Queens County, City and State of New York.

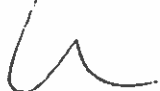
On August 18, 2022, I served a true copy of the annexed **VERIFIED BILL OF PARTICULARS** by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee as indicated below:

THE BELL LAW GROUP, PLLC  
116 Jackson Avenue  
Syosset, New York 11791

RAVEN & KOLBE, LLP  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022

  
Sufia Aktar

Sworn to before me on  
August 18, 2022

  
\_\_\_\_\_  
Christopher W. Drake, Esq.  
Notary Public of the State of New York  
License No. 02DR6405075  
Expires 03/02/2024

**Index No.: 702770/2022**

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS**

---

JULIO CESAR PUAC,

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE VENTURE GROUP LLC,

Defendants.

---

**VERIFIED BILL OF PARTICULARS**

---

**WILLIAM SCHWITZER & ASSOCIATES, P.C.**

*Attorneys for Plaintiff*  
820 Second Avenue, 10<sup>th</sup> Floor  
New York, New York 10017  
(212) 683-3800  
Fax: (212) 685-2356

---

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS

-----X  
JULIO CESAR PUAC,

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE  
VENTURE GROUP LLC,

Defendant.  
-----X

Index No.: 702770/2022

**SECOND  
SUPPLEMENTAL  
BILL OF PARTICULARS**

PLEASE TAKE NOTICE, that Plaintiff, JULIO CESAR PUAC, by his attorneys, WILLIAM SCHWITZER & ASSOCIATES, P.C., as and for a Second Supplemental Verified Bill of Particulars allege as follows:

1. In addition to the injuries previously pled, Plaintiff was caused to suffer the following as a result of the Defendants' negligence and/or Labor Law violations:

**LEFT SHOULDER**

Plaintiff required the following procedure on August 11, 2022, by Steven Touloupoulos, M.D., at the Surgicare of Manhattan:

**PROCEDURE PERFORMED:** Left shoulder diagnostic arthroscopy, arthroscopic repair of partial rotator cuff tendon tear, arthroscopic stabilization via anteroinferior labral repair (Bankartlesion) and anterior capsulorrhaphy, arthroscopic proximal biceps tenodesis, arthroscopic extensive debridement with debridement of SLAP lesion and debridement of proximal biceps tendon, and arthroscopic subacromial decompression.

**DESCRIPTION OF PROCEDURE:** The patient was taken to the operating room where he was positioned supine upon the operating room table. All bony prominences were well padded. Two grams of intravenous Ancef were infused as prophylactic antibiotic treatment. General anesthesia was also administered by the anesthesiology team. The operative shoulder was then examined under anesthesia. There was crepitus noted with -range of motion testing of the shoulder. There was gross and significant anterior shoulder instability upon stress testing under anesthesia. There was no evidence of posterior shoulder instability. There were no significant mechanical restrictions to shoulder motion when examined under anesthesia. There was no evidence of any adhesive capsulitis process. The patient

was repositioned into the beach chair position. Again, all bony prominences were well padded. The shoulder and upper extremity were prepped and free draped in the usual sterile fashion. The glenohumeral joint space was then injected with 30 cc of normal saline employing a spinal needle. A standard posterior arthroscopic portal was created with a scalpel blade and blunt trocar, through which an arthroscopic camera was inserted into the glenohumeral joint space. Under arthroscopic guidance and employing a spinal needle to assist in portal placement, two separate anterior arthroscopic portals were created in a similar fashion through which two disposable 7 mm cannulas were inserted into the glenohumeral joint space. An arthroscopic probe was inserted through one of the anterior portals to aid in the examination of the glenohumeral joint space. The articular surfaces of the humeral head and glenoid were examined and probed. Grade 1 to grade 2 chondral changes were noted along the anteroinferior articular surface of the glenoid and medial articular surface of the humeral head. The glenohumeral articular surfaces were otherwise found to be intact and within normal limits. The posterior labrum was examined and probed. The posterior labrum was found to be intact with an intact and secure peripheral attachment. There was no evidence of a reverse Bankart lesion. The anterior labrum was inspected and probed. A tear was noted of the anteroinferior labrum consistent with a Bankart lesion. There was concurrent and significant anterior capsular laxity and redundancy with a grossly positive arthroscopic drive through test. Stress testing of the shoulder under direct arthroscopic visualization revealed gross and significant anterior shoulder instability and subluxation, consistent with preoperative diagnosis of anterior shoulder instability. The patient was indicated for arthroscopic anterior shoulder stabilization via repair of the Bankart lesion and concurrent anterior capsulorrhaphy. The interface between the anteroinferior labrum and anteroinferior glenoid was roughened with an arthroscopic shaver. Anatomic repair of the anteroinferior labral tear (Bankart lesion) was carried out employing 3 Stryker 1.4 mm Iconix all suture anchors inserted employing standard technique and protocol. The anchors obtained excellent purchase in the bone of the anteroinferior glenoid. Standard arthroscopic suture passing and knot-tying techniques were carried out to perform the Bankart repair as well as the concurrent anterior capsulorrhaphy. The capsulorrhaphy was carried out until capsular volume was reduced to normal size and there was appropriate anterior and posterior soft tissue balancing obtained. The anteroinferior labrum and capsule were then re-inspected and probed following the repair of the Bankart lesion and anterior capsulorrhaphy-the repairs were found to be stable upon probing and range of motion testing of the shoulder. In addition, there was excellent range of motion in all planes of motion. At this point, the arthroscopic drive-through test was now negative. There were no longer any signs of shoulder instability in any plane of motion upon stress testing under direct arthroscopic visualization. The superior labrum was inspected and probed. A large and complex SLAP lesion was noted of the superior labrum with extension into the biceps tendon with associated partial tearing of the proximal biceps tendon. The patient was indicated for an arthroscopic debridement of the SLAP lesion and arthroscopic proximal biceps tenotomy and tenodesis to the humeral head (see below). After tag sutures were placed arthroscopically through the proximal biceps

tendon, an arthroscopic tenotomy of the proximal biceps tendon was carried out. An arthroscopic debridement of the proximal biceps tendon stump was performed employing the arthroscopic suction shaver and arthroscopic ablator. An arthroscopic debridement of the SLAP lesion was carried out employing an arthroscopic suction shaver and arthroscopic ablator until all injured superior labrum tissues were removed and the superior labrum remnant was smoothed of all irregularities. Next, the subscapularis tendon was examined and probed from its articular surface. The undersurface of the subscapularis tendon was found to be in continuity. The undersurfaces of the supraspinatus and infraspinatus tendons were examined, probed, and found to be in continuity. The subscapularis recess, inferior pouch, and anterior and posterior capsular regions of the shoulder were then examined and probed. There were no intra-articular loose bodies. There was no evidence of any significant intra-articular synovitis. The glenohumeral ligament complex was examined and probed and found to be intact and in continuity (following the repair of the Bankart lesion) without any evidence of a HAGL lesion. The rotator cuff interval was examined and probed and found to be within normal limits. The shoulder was again taken through range of motion testing and the above repairs were found to be quite stable. In addition, there was excellent range of motion in all planes of motion. At this point, the glenohumeral joint space was irrigated and drained. The arthroscopic instrumentation was removed and repositioned into the subacromial space. A standard lateral arthroscopic portal was created with a scalpel blade and blunt trocar through which an arthroscopic shaver was placed into the subacromial space. Examination of the subacromial space revealed evidence of both bony and soft tissue impingement with hypertrophic and hyperemic subacromial and subdeltoid bursitis as well as an anterior subacromial bony prominence. The patient was indicated for an arthroscopic subacromial decompression. First, a standard subacromial and subdeltoid bursectomy was carried out employing the arthroscopic suction shaver. Strict hemostasis was maintained via electrocautery. Release of the coracoacromial ligament from its acromial insertion was then performed employing electrocautery, again with hemostasis. Finally, a standard acromioplasty was performed employing the arthroscopic burr. There was no evidence of any unstable or acromioclavicular lesions. Following the arthroscopic subacromial decompression, the subacromial space was reexamined and reassessed. There was no longer any evidence of either bony or soft tissue impingement with range of motion testing of the shoulder. The acromioclavicular joint was examined and probed. There was no evidence of any significant degenerative joint disease of the acromioclavicular (neither did the patient have any significant point tenderness in this area pre-operatively). The rotator cuff was examined and probed, this time from its bursal side. The bursal surfaces of the subscapularis and infraspinatus tendons were found to be intact and within normal limits. However, a deep partial bursal-sided tear was noted in the distal supraspinatus tendon involving more than 75% of the tendon diameter. It was indicated for an arthroscopic repair. The partial bursal-sided rotator cuff tear was completed and debrided back to a rim of healthy tendinous tissue employing the arthroscopic suction shaver and arthroscopic ablator. The bony base to which the rotator cuff was to be repaired was roughened employing the arthroscopic burr.

Arthroscopic mobilization of the rotator cuff tendon was then carried out. The proximal biceps tendon was then identified within the bicipital groove and delivered from the lateral portal employing the previous placed sutures. The proximal biceps tendon was then "whip stitched" in an area of healthy tendinous tissue employing a #2 Force Fiber suture. The excess biceps tendon was then excised. An arthroscopic tenodesis of the proximal biceps tendon to bicipital groove of the humeral head was carried out employing a Stryker 4.75 mm Omega anchor system. Standard arthroscopic technique and protocol were utilized. The anchor system obtained excellent purchase in the bone of the humeral head. The bicep tenodesis site was tested and found to be quite secure. Anatomic repair of the rotator cuff tendon tear to the humeral head was performed employing a Stryker 4.75 mm Omega anchor system employing Force Fiber suture material. Standard arthroscopic technique and protocol were utilized. The anchor system obtained excellent purchase in the bone of the humeral head. Complete coverage of the humeral head was obtained without any undue tension on the rotator cuff tendon edges. The rotator cuff tendon repair was re-examined and probed. It was found to be stable upon probing and range of motion testing of the shoulder. There was no gapping and no micro motion at the repair site. Again, there was no longer any evidence of subacromial impingement syndrome following the arthroscopic subacromial decompression. The subacromial space was then thoroughly irrigated and drained. The arthroscopic instrumentation was removed. The arthroscopic portal tracts were irrigated with normal saline and closed employing interrupted 3-0 nylon sutures. The shoulder was re-examined under anesthesia. There was excellent range of motion in all planes of motion. There was diminished crepitus. There were no signs of shoulder instability in any plane of motion. A sterile dressing was applied to the shoulder. The upper extremity was placed in a shoulder sling. The patient was then transferred to a stretcher and escorted to the recovery room in stable condition having tolerated the procedure well.

- Effusion
- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Post-surgical scarring

- Need for additional future surgery.

As a result of the foregoing the plaintiff suffers from severe pain, swelling and tenderness of the right shoulder resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

These injuries directly affect the bones, tendons, tissues, muscles, ligaments, nerves, blood vessels and soft tissue in and about the involved areas and cause sympathetic and radiating pains all of the which the Plaintiff suffered, still suffers and may permanently suffer.

As a result of the accident and the injuries herein sustained, the Plaintiff suffered a severe shock to his nervous system. The foregoing injuries have impaired the general health of the Plaintiff, and the Plaintiff verily believes that all of the injuries stated above are permanent and progressive in nature.

The Plaintiff may permanently suffer from the injuries listed in this section and from their effects upon his nervous system. These effects are likely to limit and restrict normal, daily activities for the rest of his life. Plaintiff may also require lifelong medical and neurological care and attention due to these injuries.

As a result of the accident and the injuries herein sustained, Plaintiff suffered a severe shock to his nervous system; the foregoing injuries have impaired the general health of Plaintiff.

All injuries and their effects, excluding those of a superficial nature, are permanent.


2. As a result of the foregoing, Plaintiff mounted additional medical expenses, estimated at \$125,000.00. Plaintiff's special damages are continuing.

PLEASE TAKE FURTHER NOTICE that the plaintiff reserves the right to serve an amended and/or supplemental Bill of Particulars in connection with all claims including those of continuing special damages and disabilities.

Dated: New York, New York  
October 10, 2022

Yours, etc.,

WILLIAM SCHWITZER & ASSOCIATES, P.C.



By: Christopher W. Drake, Esq.  
*Attorneys for Plaintiff*  
JULIO CESAR PUAC  
820 Second Avenue, 10<sup>th</sup> Floor  
New York, New York 10017  
(212) 683-3800  
File No.: SRDS22-004

TO: THE BELL LAW GROUP, PLLC  
*Attorneys for Defendants*  
BG 37<sup>th</sup> AVENUE REALTY LLC  
116 Jackson Avenue  
Syosset, New York 11791  
(516) 280-3008

RAVEN & KOLBE, LLP  
*Attorneys for Defendant*  
LINE VENTURE GROUP LLC  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022  
(212) 759-7466



ATTORNEY VERIFICATION

I, Christopher W. Drake, the undersigned, an attorney admitted to practice in the courts of New York State, state under penalty of perjury that I am one of the attorneys for the plaintiff in the within action; I have read the foregoing SECOND SUPPLEMENTAL BILL OF PARTICULARS and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe to be true. The reason this verification is made by me and not by my client, is that my client is not presently in the County where I maintain my offices. The grounds of my belief as to all matters not stated upon my own knowledge are the materials in my file and the investigations conducted by my office.

Dated: New York, New York  
October 10, 2022



Christopher W. Drake, Esq.

AFFIDAVIT OF SERVICE

STATE OF NEW YORK     }  
                                      } ss:  
COUNTY OF NEW YORK   }

Sufia Aktar, being duly sworn, deposes and says:

I am not a party to the above action, am over 18 years of age and resides in Queens County, in the City and State of New York.

I served a true copy of the annexed SECOND SUPPLEMENTAL BILL OF PARTICULARS on October 10, 2022, by electronic filing and mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee as indicated below:

THE BELL LAW GROUP, PLLC  
116 Jackson Avenue  
Syosset, New York 11791

RAVEN & KOLBE, LLP  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022

Sworn to before me on  
October 10, 2022

NOTARY PUBLIC

CHRISTOPHER W. DRAKE  
Notary Public, State of New York  
Reg. No. 02DR6405075  
Qualified in Suffolk County  
Commission Expires March 2, 2024

Sufia Aktar

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS

-----X  
JULIO CESAR PUAC,

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE  
VENTURE GROUP LLC,

Defendants.  
-----X

Index No.: 702770/2022

**THIRD SUPPLEMENTAL  
BILL OF PARTICULARS**

PLEASE TAKE NOTICE, that Plaintiff, JULIO CESAR PUAC, by his attorneys, WILLIAM SCHWITZER & ASSOCIATES, P.C., as and for a Third Supplemental Verified Bill of Particulars allege as follows:

1. In addition to the injuries previously pled, Plaintiff was caused to suffer the following as a result of the Defendants' negligence and/or Labor Law violations:

**LUMBAR SPINE**

- L3-L4 disc herniation;
- L4-L5 disc herniation;
- L5-S1 disc herniation;

**Plaintiff required the following procedure on November 18, 2022 by Andrew Merola, M.D., at the Surgicare of Westside:**

**PROCEDURE PERFORMED:** Decompressive lumbar laminectomies, medial facetectomies, neuroforaminotomies, and decompression of neurological elements and nerve roots of the L5 roots and the S1 roots. intraoperative fluoroscopy, and intraoperative evoked potential monitoring.

**DESCRIPTION OF PROCEDURE:** The patient was taken to the operating room whereby the patient had the successful induction of a general endotracheal anesthetic. was administered perioperative antibiotic prophylaxis, was wired to

evoked potential monitoring, and laid prone onto a well-padded radiolucent operative table. The patient was then fluoroscopically visualized and marked. Next, the patient was prepped and draped in the usual sterile fashion.

**Approach:** We next utilized a standard midline approach to the lumbar spine whereby a midline skin incision was made with dissection carried to the level of deep thoracodorsal fascia. We then utilized a Cobb subperiosteal elevator in order to expose the L5 and the S1 vertebral segments. We confirmed the actual exposure itself utilizing an intraoperative fluoroscopic examination. After the fluoroscopic examination was completed, we placed a self-retaining retractor system and we then began the decompression.

With respect to the decompression itself, we utilized loupe magnification as well as appropriate illumination. We utilized an interlaminar spreader, which was utilized to increase the interlaminar space at both the L5-S1 segments just to identify the ligamentum flavum. After identifying the ligamentum flavum, we detached the flavum from its subperiosteal attachments and performed undercutting laminectomies, medial facetectomies, and neuroforaminotomies in such a manner at each successive level so as not to incur iatrogenic instability.

**Laminectomies of L5:** Further continuing to undertake decompressive lumbar laminectomies, medial facetectomies, neuroforaminotomies, and a decompression of the neurological elements and nerve roots of the L5 roots.

**Laminectomies of S1:** Further continuing to undertake decompressive lumbar laminectomies, medial facetectomies, neuroforaminotomies, and a decompression of the neurological elements and nerve roots of the S1 roots.

**Fluoroscopy:** We next undertook an intraoperative fluoroscopic examination delineating that the appropriate surgical site and levels were decompressed, diagnostic imaging studies which we personally interpreted and reviewed.

We next copiously lavage irrigated. We ascertained meticulous hemostasis and we then began the closure procedure itself.

**Closure:** With respect to closure, we utilized a #1 stitch for the deep fascial layer, #2 stitch for the subcutaneous layer, and a #3 stitch for the subcuticular layer. Sterile surgical strips and tincture of benzoin completed the skin closure. Sterile dressings were applied and the patient was then awakened from the operative anesthetic having tolerated surgical intervention well.

- Internal derangement
- Spasms
- Radiculopathy

- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Post-surgical scarring
- Need for additional future surgery

As a result of the foregoing the plaintiff suffers from severe pain, swelling and tenderness of the lumbar spine resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

These injuries directly affect the bones, tendons, tissues, muscles, ligaments, nerves, blood vessels and soft tissue in and about the involved areas and cause sympathetic and radiating pains all of the which the Plaintiff suffered, still suffers and may permanently suffer.

As a result of the accident and the injuries herein sustained, the Plaintiff suffered a severe shock to his nervous system. The foregoing injuries have impaired the general health of the Plaintiff, and the Plaintiff verily believes that all of the injuries stated above are permanent and progressive in nature.

The Plaintiff may permanently suffer from the injuries listed in this section and from their effects upon his nervous system. These effects are likely to limit and restrict normal, daily activities for the rest of his life. Plaintiff may also require lifelong medical and neurological care and attention due to these injuries.

As a result of the accident and the injuries herein sustained, Plaintiff suffered a severe shock to his nervous system; the foregoing injuries have impaired the general health of Plaintiff.

All injuries and their effects, excluding those of a superficial nature, are permanent.

2. As a result of the foregoing, Plaintiff mounted additional medical expenses, estimated at \$100,000.00. Plaintiff's special damages are continuing.

3. It is anticipated that Plaintiff will require future treatment for the body parts previously alleged, including but not limited to: Epidural steroid injections, facet injections, radiofrequency ablation, physical therapy, chiropractic treatment, analgesics, MRI's, medications, pain management, surgery follow-ups, greater occipital nerve block injections, nerve conduction studies, CAT scans, diagnostic studies, anesthesia, implants, trigger point injections, joint "lubrication" injections, spinal cord stimulator, surgery and revision surgery.

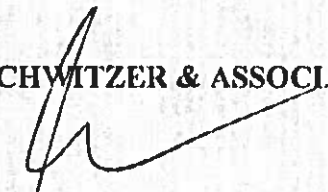
4. Plaintiffs anticipated future medical costs is estimated at \$3,000,000.00.

PLEASE TAKE FURTHER NOTICE that the plaintiff reserves the right to serve an amended and/or supplemental Bill of Particulars in connection with all claims including those of continuing special damages and disabilities.

Dated: New York, New York  
November 28, 2022

Yours, etc..

**WILLIAM SCHWITZER & ASSOCIATES, P.C.**

  
By: Christopher W. Drake, Esq.  
*Attorneys for Plaintiff*  
JULIO CESAR PUAC  
820 Second Avenue, 10<sup>th</sup> Floor  
New York, New York 10017  
(212) 683-3800  
File No.: SRDS22-004

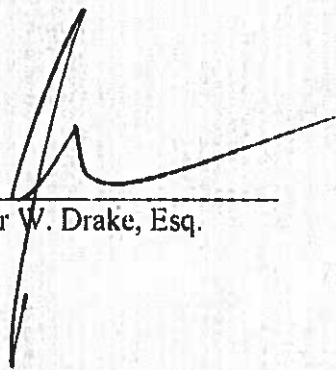
TO: THE BELL LAW GROUP, PLLC  
*Attorneys for Defendants*  
**BG 37<sup>th</sup> AVENUE REALTY LLC**  
116 Jackson Avenue  
Syosset, New York 11791  
(516) 280-3008

RAVEN & KOLBE, LLP  
*Attorneys for Defendant*  
**LINE VENTURE GROUP LLC**  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022  
(212) 759-7466

ATTORNEY VERIFICATION

I, Christopher W. Drake, the undersigned, an attorney admitted to practice in the courts of New York State, state under penalty of perjury that I am one of the attorneys for the plaintiff in the within action; I have read the foregoing **THIRD SUPPLEMENTAL BILL OF PARTICULARS** and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe to be true. The reason this verification is made by me and not by my client, is that my client is not presently in the County where I maintain my offices. The grounds of my belief as to all matters not stated upon my own knowledge are the materials in my file and the investigations conducted by my office.

Dated: New York, New York  
November 28, 2022

  
\_\_\_\_\_  
Christopher W. Drake, Esq.



**AFFIDAVIT OF SERVICE**

STATE OF NEW YORK     }  
                                      } ss:  
COUNTY OF NEW YORK   }

Sufia Aktar, being duly sworn, deposes and says:

I am not a party to the above action, am over 18 years of age and resides in Queens County, in the City and State of New York.

I served a true copy of the annexed **THIRD SUPPLEMENTAL BILL OF PARTICULARS** on November 28, 2022, by electronic filing and mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee as indicated below:

THE BELL LAW GROUP, PLLC  
116 Jackson Avenue  
Syosset, New York 11791

RAVEN & KOLBE, LLP  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022

  
Sufia Aktar

Sworn to before me on  
28<sup>th</sup> day of November 2022

  
NOTARY PUBLIC

CHRISTOPHER W. DRAKE  
Notary Public, State of New York  
Reg. No. 11086405075  
Queens County  
Commission Expires March 2, 2024

**Index No.: 702770/2022**

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS**

---

**JULIO CESAR PUAC,**

**Plaintiff,**

**-against-**

**BG 37TH AVENUE REALTY LLC and LINE VENTURE GROUP LLC,**

**Defendants.**

---

**THIRD SUPPLEMENTAL BILL OF PARTICULARS**

---

**WILLIAM SCHWITZER & ASSOCIATES, P.C.**

*Attorneys for Plaintiff*

**820 Second Avenue, 10<sup>th</sup> Floor**

**New York, New York 10017**

**(212) 683-3800**

**Fax: (212) 685-2356**

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Index No.: 702770/2022

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS

---

JULIO CESAR PUAC,

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE VENTURE GROUP LLC,

Defendants.

---

SECOND SUPPLEMENTAL BILL OF PARTICULARS

---

WILLIAM SCHWITZER & ASSOCIATES, P.C.

*Attorneys for Plaintiff*

820 Second Avenue, 10<sup>th</sup> Floor

New York, New York 10017

(212) 683-3800

Fax: (212) 685-2356

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SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS-----X  
JULIO CESAR PUAC,

Index No.: 702770/2022

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE  
VENTURE GROUP LLC,Defendants.  
-----X**FOURTH  
SUPPLEMENTAL  
BILL OF PARTICULARS**

PLEASE TAKE NOTICE, that Plaintiff, JULIO CESAR PUAC, by his attorneys, WILLIAM SCHWITZER & ASSOCIATES, P.C., as and for a Fourth Supplemental Verified Bill of Particulars allege as follows:

1. In addition to the injuries previously pled, Plaintiff was caused to suffer the following as a result of the Defendants' negligence and/or Labor Law violations:

**RIGHT KNEE**

Plaintiff required the following procedure on February 2, 2023 by Steven Touliopoulos, M.D., at the New York Presbyterian Hospital – Lower Manhattan:

**PROCEDURE PERFORMED:** Right knee diagnostic arthroscopy, arthroscopic assisted anterior cruciate ligament reconstruction employing patella tendon autograft, arthroscopic medial meniscal repair, arthroscopic partial lateral meniscectomy, and arthroscopic abrasion arthroplasty of patella.

**DESCRIPTION OF PROCEDURE:** The patient was taken to the operating room where he was positioned supine upon the operating room table with all bony prominences well padded. Ancef (2 grams) was infused as prophylactic antibiotic treatment. The patient underwent general anesthesia via laryngeal mask airway, which was administered by the anesthesiology team. The right knee was examined under anesthesia. There was crepitus with knee motion. The patient had full knee extension. Knee flexion was limited by a knee effusion. There was crepitus with knee motion. There was no varus or valgus instability. The Lachman test, anterior drawer test, and pivot shift test were grossly positive, with a positive side to side

difference noted. The posterior drawer test was negative. Patellofemoral tracking was found to be within normal limits. The calves were soft bilaterally. At this point, a tourniquet cuff was placed around the upper thigh of the operative extremity and the thigh was then placed into a knee holder. The lower extremity was prepped and draped in the usual sterile fashion. The lower extremity was then exsanguinated with an esmarch bandage and then the tourniquet cuff was inflated. A standard anterolateral arthroscopic portal was created employing a scalpel blade and blunt trocar through which an arthroscopic camera was inserted into the medial compartment. Under arthroscopic guidance and employing a spinal needle to assist in the portal placement, a standard anteromedial portal was created in a similar fashion through which an arthroscopic probe was placed into the medial compartment. The medial meniscus was examined and probed. A peripheral and unstable tear was noted involving the posterior horn of the medial meniscus. The patient was indicated for an arthroscopic repair of this medial meniscal tear. The interface between the capsule and peripheral meniscal tear was debrided employing the arthroscopic suction shaver. An anatomic repair of the bucket handle medial meniscal tear was carried out utilizing a Stryker Air+ meniscal repair device, which was inserted employing standard technique and protocol. The anchor system obtained excellent fixation delivering a very secure meniscal repair. The medial meniscus was re-examined and probed following the medial meniscal repair. The medial meniscal repair was found to be very stable upon probing with no evidence of micro-motion at the repair site. The articular surfaces of the medial femoral condyle and medial tibial plateau were examined and probed. The articular surfaces of the medial femoral condyle and medial tibial plateau were found to have areas of grade 1 to grade 2 chondral changes. Our attention then turned to the lateral compartment. The lateral meniscus was examined and probed. A tear was noted in a discoid lateral meniscus. An arthroscopic partial lateral meniscectomy with saucerization was performed of the torn lateral discoid meniscus employing an arthroscopic meniscal biter and arthroscopic suction shaver until all torn lateral meniscal tissues were removed. All functional lateral meniscal tissues were left in place. The lateral meniscal remnant was reexamined and probed following the partial lateral meniscectomy. No further lateral meniscal tears were noted. The lateral meniscal remnant had an intact and secure peripheral attachment. The popliteus tendon and hiatus were found to be within normal limits. The articular surfaces of the lateral femoral condyle and lateral tibial plateau were examined and probed. The articular surface of the lateral femoral condyle was found to be intact and within normal limits. Areas of grade 1 chondral changes were noted along the articular surface of the lateral tibial plateau. Our attention then turned to the patellofemoral articulation. Overall patellofemoral tracking was found to be within normal limits. There was no evidence of any significant plica formation. The articular surfaces of the patella and trochlea were examined and probed. A moderate sized area of grade 3 to grade 4 chondral injury, with associated loose chondral tissues, was noted along the medial articular surface of the patella. An arthroscopic abrasion arthroplasty of this area of deep chondral injury was performed employing the arthroscopic suction shaver until all loose chondral tissues were removed and the remaining articular surface was smoothed of all chondral irregularities. The

cartilage was smoothed down to the layer of subchondral bone to promote bleeding and regeneration of cartilage. The patellofemoral articular surfaces were otherwise found to have areas of grade 1 to grade 2 chondral changes. The suprapatellar patellar pouch, medial and lateral gutters, intercondylar notch, and posterior capsular regions of the knee were examined and probed. There were no intra-articular loose bodies. There was no evidence of any significant infra-articular synovitis. There was no evidence of any significant intra-articular Knee adhesions. The posterior cruciate ligament was examined and probed. The posterior cruciate ligament was found to be intact and within normal limits. The anterior cruciate ligament was examined and probed. Significant partial tearing of the fibers of the anterior cruciate ligament were noted. The medial wall of the lateral femoral condyle was partially uncovered. Although some of the fibers of the anterior cruciate ligament were in continuity, they were found to be significantly attenuated with abnormal laxity and with abnormal orientation. The arthroscopic anterior drawer test was grossly positive. Arthroscopic findings were consistent with a preoperative diagnosis of anterior cruciate ligament insufficiency. The patient was indicated for arthroscopically assisted anterior cruciate ligament reconstruction employing patellar tendon autograft. The dysfunctional remnant of the anterior cruciate ligament was debrided with an arthroscopic shaver. All redundant soft tissues were debrided from the intercondylar notch employing the arthroscopic shaver. A standard notchplasty was carried out of the medial and superior walls of the lateral condyle employing the arthroscopic bur (minimal). Once an adequate notchplasty was accomplished, the knee was thoroughly irrigated of all bony and soft tissue debris. Our attention then turned to the harvesting of the patella tendon autograft. A standard anterior midline incision was then performed starting at the inferior pole of the patella and extending to just medial of the tibial tubercle. The dissection was continued through the subcutaneous tissues until the paratenon of the patellar tendon was identified. The pre-patellar bursal tissues were sharply excised. The paratenon of the patellar tendon was then incised in line with the skin incision exposing the length and width of the patellar tendon. The central onethird of the patellar tendon was harvested employing a double 10 mm scalpel blade. Bone blocks of identical width and approximately 21-24 mm in length were harvested from the patella and tibial tubercle, respectively, employing an oscillating saw and curved osteotome. A different surgical team then prepared the excised graft. The bone blocks were fashioned to enable smooth passage through 10 mm bone tunnels. The bone graft obtained from the preparation of the bone blocks was saved for later bone grafting of the patella harvest site. A drill hole was made in each end of each bone block through which a 42 suture was passed and fastened. The tendrilous portion of the graft was cleaned of all redundant soft tissues. The tendon was of normal appearance, consistency, and texture. Once prepared, the graft was wrapped in a sponge moistened with normal saline. while the patellar tendon autograft was being prepared by a different surgical team, arthroscopic knee surgery was concurrently being performed. Under arthroscopic guidance, a tibial tunnel guide was positioned through the anteromedial portal and placed anterior to the posterior cruciate ligament in the region of the anatomic insertion of the anterior cruciate ligament (ACL) onto the tibial plateau. A guide wire was then drilled through the

proximal tibia and into the knee joint at the above-mentioned point. The tibial tunnel guide was then removed and then a 10 mm cannulated drill was placed over the guide wire with which a tibial tunnel was drilled. The drill and the guide wire were both removed. Next, employing an anteromedial portal, a 7 mm anteromedial over the top guide was positioned in the region of the anatomic insertion of the ACL onto the distal femur. A flexible guide pin was drilled into the distal femur at this point. The over-the-top guide was removed. A cannulated 10 mm flexible reamer was placed over the guide wire and an osseous femoral tunnel was drilled to the appropriate depth. The reamer was then removed. The edges of the bone tunnels were then smoothed employing a bone rasp. The knee was thoroughly irrigated of all bony and soft tissue debris. A looped suture was then attached to the islet of the flexible guide pin and pulled through the respective tunnels. At this point, the appropriate graft sutures were attached to the looped suture and pulled through the tunnels. Employing gentle traction and manipulation, the patellar tendon autograft was pulled until fully seated in both the tibial and femoral tunnels. Of note, the graft obtained an excellent fit, both in the bone of the distal femur as well as the bone of the proximal tibia. Femoral fixation was carried out first. Femoral fixation was carried out employing a Stryker 8x25 mm metallic interference screw inserted employing standard technique and protocol. The screw obtained excellent purchase in the bone of the distal femur. The screwdriver and guide wire were then both removed. The knee was then taken through several ranges of motion to appropriately tension the graft. During this time, the graft was noted to be very isometric in its positioning. Next, with the knee in extension and appropriate tension placed on the tibial-sided graft sutures as well as with a posterior drawer force being applied to the proximal tibia, tibial fixation was carried out employing Stryker 8x25 mm metallic interference screw, again inserted employing standard technique and protocol. This screw also obtained excellent purchase this time in the bone of the proximal tibia. The screwdriver and guide wire were removed. The graft sutures were removed. Arthroscopy of the knee was re-performed. The ACL graft was noted to be under excellent tension, position, and orientation. The arthroscopic anterior drawer test was now negative. The tibial and femoral hardware were in good position. There was no evidence of graft impingement with dynamic range of motion testing of the knee under direct arthroscopic visualization. The knee was thoroughly irrigated and drained. The arthroscopic instrumentation was removed. The knee was then re-examined under anesthesia. There was excellent range of motion. There was no crepitus. The Lachman, Anterior drawer, and pivot shift tests were now negative with no appreciable translation. At this point, wound closure was begun. The wounds were thoroughly irrigated with normal saline. The bone graft previously obtained was placed in the patellar harvest site and secured in place employing 0 Vcryl sutures. The patellar tendon harvest site was approximated employing interrupted 0 Vcryl sutures. The paratenon was closed employing interrupted 2-0 Vcryl sutures. The subcutaneous tissues were closed employing inverted interrupted 2-0 Vcryl sutures. The skin incisions were closed employing interrupted 3-0 nylon sutures. A sterile dressing applied to the knee. The tourniquet was deflated and removed. The lower extremity was then placed in a post-operative knee brace with the knee locked in

extension. Anesthesia was reversed and the patient was extubated. He was transferred to a stretcher and escorted to the recovery room in stable condition having tolerated the procedure well.

- Internal derangement
- Sprain/strain
- Loss of strength
- Post-traumatic arthritis
- Marked restriction in range of motion
- Severe pain, swelling and tenderness
- Numbness, tenderness and tingling
- Post-surgical scarring
- Need for additional future surgery

As a result of the foregoing the plaintiff suffers from severe pain, swelling and tenderness of the right knee resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

These injuries directly affect the bones, tendons, tissues, muscles, ligaments, nerves, blood vessels and soft tissue in and about the involved areas and cause sympathetic and radiating pains all of the which the Plaintiff suffered, still suffers and may permanently suffer.

As a result of the accident and the injuries herein sustained, the Plaintiff suffered a severe shock to his nervous system. The foregoing injuries have impaired the general health of the Plaintiff, and the Plaintiff verily believes that all of the injuries stated above are permanent and progressive in nature.

The Plaintiff may permanently suffer from the injuries listed in this section and from their effects upon his nervous system. These effects are likely to limit and restrict normal, daily activities



for the rest of his life. Plaintiff may also require lifelong medical and neurological care and attention due to these injuries.

As a result of the accident and the injuries herein sustained, Plaintiff suffered a severe shock to his nervous system; the foregoing injuries have impaired the general health of Plaintiff.

All injuries and their effects, excluding those of a superficial nature, are permanent.

2. As a result of the foregoing, Plaintiff mounted additional medical expenses, estimated at \$100,000.00. Plaintiff's special damages are continuing.

3. It is anticipated that Plaintiff will require future treatment for the body parts previously alleged, including but not limited to: Epidural steroid injections, facet injections, radiofrequency ablation, physical therapy, chiropractic treatment, analgesics, MRI's, medications, pain management, surgery follow-ups, greater occipital nerve block injections, nerve conduction studies, CAT scans, diagnostic studies, anesthesia, implants, trigger point injections, joint "lubrication" injections, spinal cord stimulator, surgery and revision surgery.

4. Plaintiffs anticipated future medical costs is estimated at \$ 6,500,000.00.

PLEASE TAKE FURTHER NOTICE that the plaintiff reserves the right to serve an amended and/or supplemental Bill of Particulars in connection with all claims including those of continuing special damages and disabilities.

Dated: New York, New York  
June 29, 2023

Yours, etc.,  
**WILLIAM SCHWITZER & ASSOCIATES, P.C.**

/s/Christopher W. Drake  
By: Christopher W. Drake, Esq.  
*Attorneys for Plaintiff*  
JULIO CESAR PUAC  
820 Second Avenue, 10<sup>th</sup> Floor  
New York, New York 10017

(212) 683-3800  
File No.: SRDS22-004

TO: THE BELL LAW GROUP, PLLC  
*Attorneys for Defendants*  
**BG 37<sup>th</sup> AVENUE REALTY LLC**  
116 Jackson Avenue  
Syosset, New York 11791  
(516) 280-3008

RAVEN & KOLBE, LLP  
*Attorneys for Defendant*  
**LINE VENTURE GROUP LLC**  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022  
(212) 759-7466

ATTORNEY VERIFICATION

I, Christopher W. Drake, the undersigned, an attorney admitted to practice in the courts of New York State, state under penalty of perjury that I am one of the attorneys for the plaintiff in the within action; I have read the foregoing **FOURTH SUPPLEMENTAL BILL OF PARTICULARS** and know the contents thereof; the same is true to my own knowledge, except as to the matters therein stated to be alleged on information and belief, and as to those matters I believe to be true. The reason this verification is made by me and not by my client, is that my client is not presently in the County where I maintain my offices. The grounds of my belief as to all matters not stated upon my own knowledge are the materials in my file and the investigations conducted by my office.

Dated: New York, New York  
June 29, 2023

  
\_\_\_\_\_  
Christopher W. Drake, Esq.

**AFFIDAVIT OF SERVICE**

STATE OF NEW YORK     }  
                                      }  
                                      } ss:  
COUNTY OF NEW YORK   }

Sufia Aktar, being duly sworn, deposes and says:

I am not a party to the above action, am over 18 years of age and resides in Queens County, in the City and State of New York.

I served a true copy of the annexed **FOURTH SUPPLEMENTAL BILL OF PARTICULARS** on June 29, 2023 by electronic filing and mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee as indicated below:

THE BELL LAW GROUP, PLLC  
116 Jackson Avenue  
Syosset, New York 11791

RAVEN & KOLBE, LLP  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022

Sworn to before me on  
29<sup>th</sup> day of June 2023

\_\_\_\_\_  
NOTARY PUBLIC

CHRISTOPHER W. DRAVE  
Notary Public, State of New York  
Reg. No. 020K64055/5  
Qualified in Suffolk County  
Commission Expires March 2, 2024

\_\_\_\_\_  
Sufia Aktar

**Index No.: 702770/2022**

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS**

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JULIO CESAR PUAC,

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE VENTURE GROUP LLC,

Defendants.

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**FOURTH SUPPLEMENTAL BILL OF PARTICULARS**

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**WILLIAM SCHWITZER & ASSOCIATES, P.C.**

*Attorneys for Plaintiff*

820 Second Avenue, 10<sup>th</sup> Floor

New York, New York 10017

(212) 683-3800

Fax: (212) 685-2356

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SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS-----X  
JULIO CESAR PUAC,

Plaintiff,

Index No.: 702770/2022

**FIFTH SUPPLEMENTAL BILL  
OF PARTICULARS**

-against-

BG 37TH AVENUE REALTY LLC and LINE  
VENTURE GROUP LLC,Defendants.  
-----X

PLEASE TAKE NOTICE, that Plaintiff, JULIO CESAR PUAC, by his attorneys,  
WILLIAM SCHWITZER & ASSOCIATES, P.C., as and for a FIFTH SUPPLEMENTAL BILL OF  
PARTICULARS allege as follows:

1. In addition to the injuries previously pled, Plaintiff was caused to suffer the  
following as a result of Defendants' negligence and/or Labor Law violations:

**CERVICAL SPINE**

As a result of the previously pled injuries, Plaintiff was required to undergo the  
following procedure on December 22, 2023 by Andrew A. Merola, M.D. at Westside Surgical  
Center:

**PREOPERATIVE/POSTOPERATIVE DIAGNOSES:** Cervical radiculopathy with  
myelopathy of the C5-C6 segment and associated disc herniation.

**PROCEDURE:** The patient was taken to the operating room whereby they had the successful  
induction of a general endotracheal anesthetic, was administered perioperative antibiotic  
prophylaxis, was wired to evoked potential monitoring, and placed supine onto a well-padded  
radiolucent operative table. The patient was then fluoroscopically visualized and marked. Next,  
the patient was prepped and draped in the usual sterile fashion.

**Approach:** We next utilized a standard left-sided approach to the cervical spine whereby a  
transverse skin incision was made with dissection carried to the level of deep platysma muscle.  
The platysma muscle was identified and split in line with the fibers. We then utilized Cloward  
handheld retractors in order to expose the cervical spine. We confirmed the actual exposure

itself utilizing an intraoperative fluoroscopic examination. After the fluoroscopic examination was complete, we placed a self-retaining retractor system. We clearly identified the disc and we then meticulously dissected the C5-C6 disc to the level of the posterior annulus appreciating a torn annulus with disc herniation inside the canal producing cord and root compression which we directly visualized and removed.

**DECOMPRESSION OF SPINAL CORD AND NERVE ROOTS:** We specifically resected the inferior C5 and superior aspects of the C6 vertebral body endplates ascertaining a fully complete and clear decompression of the spinal cord and nerve roots to both direct visualization as well as to the free and clear passage of nerve root probes.

**PLACEMENT OF BIOMECHANICAL DEVICE:** In order to reconstruct appropriate intervertebral height and alignment with appropriate sagittal and coronal balance, we placed an intervertebral biomechanical device C5-C6 under direct vision. The device itself does not contain integral fixation.

**BONE GRAFTING:** We utilized autogenous locally harvested bone graft, we utilized allo bone graft. We meticulously admixed the autogenous and allograft bone for bone grafting milieu for arthrodesis.

**ANTERIOR SPINAL INSTRUMENTATION:** In a separate and distinct manner, completely and entirely separate and distinct from the biomechanical device itself, we placed a locking anterior plate-screw implant consisting of anterior spinal instrumentation system placed across the vertebral bodies themselves, placed specifically for inherent stability of C5-C6 and not merely to hold the biomechanical device in place.

**ANTERIOR CERVICAL INTERBODY ARTHRODESIS:** We specifically decorticated the vertebral bodies themselves performing an anterior cervical interbody arthrodesis of the C5-C6 vertebral segment.

**FLUOROSCOPY:** We undertook an intraoperative fluoroscopic examination detailing and delineating the actual reconstruction itself, diagnostic imaging studies which we personally interpreted and reviewed.

**CLOSURE:** We lavage irrigated. We ascertained meticulous hemostasis. We then began closure. The closure itself was undertaken utilizing #2 stitch for the deep fascial layer with a #4 stitch for the subcuticular layer. Sterile surgical strips and tincture of benzoin completed the skin closure. Sterile dressings were applied and the patient was then awakened from the operative anesthetic having tolerated surgical intervention well.

- Radiculopathy;
- Sprain/strain;
- Spasms;

- Internal derangement;
- Post-traumatic arthritis;
- Restricted range of motion;
- Severe pain, swelling and tenderness;
- Post-surgical scarring;
- Need for additional future surgery

As a result of the foregoing Plaintiff suffers from severe pain, swelling and tenderness of the cervical spine resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, deformity and disability.

The foregoing injuries directly affected the bones, tendons, tissues, muscles, ligaments, nerves, blood vessels and soft tissue in and about the involved areas and sympathetic and radiating pain from all of which Plaintiff suffered, still suffers, and may permanently suffer.

As a result of the accident and injuries herein sustained, Plaintiff suffered a severe shock to his nervous system. The foregoing injuries impaired the general health of Plaintiff. Plaintiff verily believes that all of the injuries hereinabove sustained, with the exceptions of bruises and contusions are permanent and progressive in nature.

Plaintiff may permanently suffer from the aforesaid injuries and from its effects upon his nervous system and may limit his activities in his employment and his life. Plaintiff may be restricted in his normal life and activities and may permanently require medical and neurological care and attention.

2. In addition to those special damages previously alleged, plaintiff has incurred



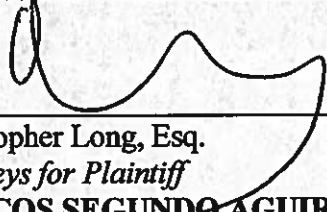
additional physician services and hospital expenses for the above injuries and procedures in the amount of approximately \$115,000.00

3. It is anticipated that Plaintiff will require future treatment for the body parts alleged herein, including but not limited to: Epidural steroid injections, facet injections, radiofrequency ablation, physical therapy, chiropractic treatment, analgesics, MRI's, medications, pain management, surgery follow-ups, greater occipital nerve block injections, nerve conduction studies, CAT scans, diagnostic studies, anesthesia, implants, trigger point injections, joint "lubrication" injections, spinal cord stimulator, surgery and revision surgery. Anticipated future medical costs is estimated at: \$8,500,000.00.

**PLEASE TAKE FURTHER NOTICE**, that Plaintiff reserves the right to serve an amended and/or supplemental Bill of Particulars in connection with all claims including those of continuing special damages and disabilities.

Dated: New York, New York  
January 2, 2024

Yours, etc.,  
**WILLIAM SCHWITZER & ASSOCIATES, P.C.**



By: Christopher Long, Esq.  
*Attorneys for Plaintiff*  
**MARCOS SEGUNDO AGUIRRE**  
820 Second Avenue, 10<sup>th</sup> Floor  
New York, New York 10017  
(212) 685-7800  
File No: SRDS22-004

TO:

**BELL LAW GROUP, PLLC**  
*Attorneys for Defendants*

**BG 37<sup>TH</sup> AVENUE REALTY LLC**

116 Jackson Avenue

Syosset, New York 11791

Tel: (516) 280-3008

**RAVEN & KOLBE, LLP**

*Attorneys for Defendant*

**LINE VENTURE GROUP LLC**

126 East 56<sup>th</sup> Street, Ste., 202

New York, New York 10022

(212) 759-7466

**ATTORNEY'S VERIFICATION**

I, Christopher Long, Esq an attorney duly admitted to practice in the Courts of the State of New York, hereby affirms the following to be true under the penalty of perjury.

That I am associated with the firm of **WILLIAM SCHWITZER & ASSOCIATES, P.C.**, attorneys for Plaintiff in the within action and as such, I am fully familiar with the facts and circumstances surrounding this matter based upon my review of the contents of the file maintained by this office.

That I have read the foregoing **FITH SUPPLEMENTAL BILL OF PARTICULARS** and know the contents thereof; that the same is true to my own knowledge except as to the matters therein stated too be alleged upon information and belief; and, as to those matters, I believe them to be true.

That the reason this verification is made by your Affirmant and not by Plaintiff is that Plaintiff does not reside within the county in which my office is maintained.

That the grounds for your Affirmant's belief as to all matters not stated upon my own knowledge are as follows: facts, investigations, reports, records, and documents contained in Plaintiff's file maintained by your Affirmant's office.

Dated: New York, New York  
January 2, 2024

  
\_\_\_\_\_  
Christopher Long, Esq.

**AFFIDAVIT OF SERVICE**

I, Kimberly Ruiz, being duly sworn, deposes and says:

I am over 18 years of age, I am not a party to the action, and I reside in Westchester County, State of New York.

I served a true copy of the annexed **FIFTH SUPPLEMENTAL BILL OF PARTICULARS** on January 2, 2024 by electronic filing and mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee as indicated below:

BELL LAW GROUP, PLLC  
116 Jackson Avenue  
Syosset, New York 11791

RAVEN & KOLBE, LLP  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022

  
\_\_\_\_\_  
Kimberly Ruiz

Sworn to before me,  
January 2, 2024

  
\_\_\_\_\_  
Notary Public

SYLVIA BUTRYMOWICZ  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01BU6178055  
Qualified in New York County  
My Commission Expires May 15, 2024

**Index No.: 702770/2022**

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS**

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**JULIO CESAR PUAC,**

**Plaintiff,**

**-against-**

**BG 37TH AVENUE REALTY LLC and LINE VENTURE GROUP LLC,**

**Defendants.**

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**FIFTH SUPPLEMENTAL BILL OF PARTICULARS**

---

**WILLIAM SCHWITZER & ASSOCIATES, P.C.**

*Attorneys for Plaintiff*

**820 Second Avenue, 10<sup>th</sup> Floor**

**New York, New York 10017**

**(212) 683-3800**

**Fax: (212) 685-2356**

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SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS

JULIO CESAR PUAC,

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE  
VENTURE GROUP LLC,

Defendants.

-----X Index No.: 702770/2022

SIXTH SUPPLEMENTAL  
VERIFIED BILL OF  
PARTICULARS

PLEASE TAKE NOTICE, that Plaintiff, JULIO CESAR PUAC, by his attorneys,  
WILLIAM SCHWITZER & ASSOCIATES, P.C., as and for a SIXTH SUPPLEMENTAL BILL OF  
PARTICULARS allege as follows:

1. In addition to the injuries previously pled, Plaintiff was caused to suffer the  
following as a result of Defendants' negligence and/or Labor Law violations:

**RIGHT SHOULDER**

- Rotator cuff tendon tear (supraspinatus tendon),
- Anterior shoulder instability,
- SLAP lesion,
- Paralabral cyst, and
- Subacromial impingement syndrome.

As a result of the previously pled injuries, Plaintiff was required to undergo the  
following procedure on February 26, 2024 by Steven Touliopoulos, M.D. at Surgicare of  
Manhattan:

**Preoperative Diagnosis:** Post-traumatic right shoulder partial thickness rotator cuff tendon tear  
(supraspinatus tendon), anterior shoulder instability, SLAP lesion, paralabral cyst, subacromial  
impingement syndrome, and rule out further right shoulder internal derangement.

**Postoperative Diagnosis:** Post-traumatic right shoulder partial thickness rotator cuff tendon tear  
(supraspinatus tendon), anterior shoulder instability, SLAP lesion, paralabral cyst, and  
subacromial impingement syndrome.

Operation: Right shoulder diagnostic arthroscopy, arthroscopic repair of partial rotator cuff tendon tear (supraspinatus tendon), arthroscopic stabilization via anterior capsulorrhaphy, arthroscopic proximal biceps tenodesis, arthroscopic extensive debridement with debridement of SLAP lesion and debridement of paralabral cyst, and arthroscopic subacromial decompression.

Operative Procedure: The patient was taken to the operating room where he was positioned supine upon the operating room table. All bony prominences were well padded. Two grams of intravenous Ancef were infused as prophylactic antibiotic treatment. General anesthesia was administered by the anesthesiology team. The operative shoulder was then examined under anesthesia. There was crepitus noted with range of motion testing of the shoulder. There was gross and significant anterior shoulder instability upon stress testing under anesthesia, with a positive side to side difference noted. There was no evidence of any significant posterior shoulder instability. There were no significant mechanical restrictions to shoulder motion when examined under anesthesia. The patient was repositioned into the beach chair position. Again, all bony prominences were well padded. The shoulder and upper extremity were prepped and free draped in the usual sterile fashion. The glenohumeral joint space was then injected with 30 cc of normal saline employing a spinal needle. A standard posterior arthroscopic portal was created with a scalpel blade and blunt trocar, through which an arthroscopic camera was inserted into the glenohumeral joint space. Under arthroscopic guidance and employing a spinal needle to assist in portal placement, two separate anterior arthroscopic portals were created in a similar fashion through which two disposable 7 mm cannulas were inserted into the glenohumeral joint space. An arthroscopic probe was inserted through one of the anterior portals to aid in the examination of the glenohumeral joint space. The articular surfaces of the humeral head and glenoid were examined and probed. An area of grade 1 to grade 2 chondral change was noted along the anteroinferior articular surface of the glenoid. An area of grade 2 to grade 3 chondral injury was noted along the medial articular surface of the humeral head. The posterior labrum was examined and probed. The posterior Labrum was found to be intact, with an intact and secure peripheral attachment. There was no evidence of a reverse Bankart lesion. The anterior Labrum was examined and probed. The anterior Labrum was found to be intact with an intact and secure peripheral attachment. There were no signs of a Bankart lesion. The superior labrum was inspected and probed. A large and complex SLAP lesion was noted of the superior Labrum with extension into the biceps tendon. The patient was indicated for an arthroscopic debridement of the SLAP lesion and arthroscopic proximal biceps tenotomy and tenodesis to the humeral head (see below). After tag sutures were placed arthroscopically through the proximal biceps tendon, an arthroscopic tenotomy of the proximal biceps tendon was carried out. An arthroscopic debridement of the proximal biceps tendon stump was performed employing the arthroscopic suction shaver and arthroscopic ablator. An arthroscopic debridement of the SLAP lesion was carried out employing an arthroscopic suction shaver and arthroscopic ablator until all injured superior labral tissues were removed and the superior labral remnant was smoothed of all irregularities. An associated superior paralabral cyst was arthroscopically decompressed and debrided employing the arthroscopic suction shaver. Next, the subscapularis tendon was examined and probed. The subscapularis tendon was found to be intact and within normal limits. The supraspinatus and infraspinatus tendons were then examined and probed from their articular surface. A deep partial undersurface tear was noted in the region of the distal supraspinatus tendon. The deep partial undersurface rotator cuff tendon tear



was indicated for an arthroscopic repair. The area of deep partial undersurface rotator cuff tearing was debrided employing an arthroscopic suction shaver and marked with a 0 PDS suture for later identification and repair from its bursal side (see below). The subscapularis recess, inferior pouch, and anterior and posterior capsular regions of the shoulder were the examined and probed. There were no intra-articular loose bodies. There was no evidence of any significant intra-articular synovitis. The glenohumeral ligament complex was examined and probed and found to be in continuity without any evidence of a HAGL lesion. However, significant anterior capsular laxity and redundancy with an abnormally enlarged anterior capsule volume was noted. The arthroscopic drive-through test was grossly positive. Stress testing of the shoulder under direct arthroscopic visualization revealed gross and significant anterior shoulder instability and subluxation, consistent with preoperative diagnosis of shoulder instability. The patient was indicated for an arthroscopic shoulder stabilization via anterior capsulorrhaphy. The anterior capsulorrhaphy was carried out employing a suture passer and #2 Force Fiber suture material. Standard arthroscopic suture passing and knot-tying techniques were carried out until capsular volume was reduced to normal size and appropriate anterior and posterior soft tissue balancing was obtained. At this point, the arthroscopic drive-through test was now found to be negative. There were no longer any signs of shoulder instability in any plane of motion upon stress testing under direct arthroscopic visualization. The shoulder was taken through range of motion testing and the above repairs were found to be quite stable. In addition, there was excellent range of motion in all planes of motion. At this point, the glenohumeral joint space was irrigated and drained. The arthroscopic instrumentation was removed and repositioned into the subacromial space. A standard lateral arthroscopic portal was created with a scalpel blade and blunt trocar through which an arthroscopic shaver was placed into the subacromial space. Examination of the subacromial space revealed evidence of both bony and soft tissue impingement with hypertrophic and hyperemic subacromial and subdeltoid bursitis well as an anterior subacromial bony prominence. The patient was indicated for an arthroscopic subacromial decompression. First, a standard subacromial and subdeltoid bursectomy was carried out with an arthroscopic shaver. Strict hemostasis was maintained via electrocautery. Release of the coracoacromial ligament from its acromial insertion was performed employing electrocautery, again with hemostasis. Finally, a standard acromioplasty was performed of the acromion with the arthroscopic bur. There was no evidence of an unstable or acromioclavicular joint. Following the arthroscopic subacromial decompression, the subacromial space was reexamined and reassessed. There was no longer any evidence of either bony or soft tissue impingement with range of motion testing of the shoulder. The acromioclavicular joint was examined and probed. There was no evidence of any significant degenerative joint disease of the acromioclavicular joint (neither did the patient have any significant point tenderness in this area pre-operatively). The subacromial space was then thoroughly irrigated of all bony and soft tissue debris. Our attention then turned to the arthroscopic repair of the partial thickness rotator cuff tendon tear and arthroscopic proximal biceps tenodesis. The rotator cuff tendon was examined and probed this time from its bursal side. The area of deep partial undersurface rotator cuff tearing of the distal supraspinatus tendon marked by the PDS suture was identified and debridement back to a rim of healthy tendinous tissues. The bony base to which the rotator cuff was to be repaired was roughened with the arthroscopic shaver. The proximal biceps tendon was then identified within the bicipital groove and delivered from the lateral portal employing the previously placed sutures.



The proximal biceps tendon was then "whip stitched" in an area of healthy tendinous tissue employing a #2 Force Fiber suture. The excess biceps tendon was then excised. An arthroscopic tenodesis of the proximal biceps tendon to bicipital groove of the humeral head was carried out employing a Stryker 4.75 mm Omega anchor system. Standard arthroscopic technique and protocol were utilized. The anchor obtained excellent purchase in the bone of the humeral head. The bicep tenodesis site was tested and found to be quite secure. Arthroscopic mobilization of the rotator cuff tendon was then carried out. Anatomic repair of the rotator cuff tendon tear was carried out employing a Stryker 4.75 mm. Omega anchor system employing Force Fiber suture material. Standard arthroscopic technique and protocol were utilized. The anchor obtained excellent purchase in the bone of the humeral head. Complete coverage of the humeral head was obtained without any undue tension on the rotator cuff tendon edges.

The rotator cuff repair and proximal biceps tenodesis were then examined and probed. They were found to be stable upon probing and range of motion testing of the shoulder. There was no gapping and no micro motion at the repair/tenodesis sites. Again, there was no longer any evidence of subacromial impingement syndrome following the arthroscopic subacromial decompression. The subacromial space was then thoroughly irrigated and drained. The arthroscopic instrumentation was removed. The arthroscopic portal tracts were irrigated with normal saline and closed employing interrupted 3-0 nylon sutures. The shoulder was re-examined under anesthesia. There was excellent range of motion in all planes of motion. There was no crepitus. There were no signs of shoulder instability in any plane of motion. A sterile dressing was applied to the shoulder. The upper extremity was placed in a shoulder sling. The patient was then transferred to a stretcher and escorted to the recovery room in stable condition having tolerated the procedure well. The prognosis with respect to the operative findings was discussed with the patient postoperatively.

- Joint effusion;
- Edema;
- Internal derangement;
- Sprain and strain;
- Impingement;
- Spasms;
- Synovitis;
- Post traumatic arthritis;
- Severe pain, swelling and tenderness;
- Marked restriction in range of motion;

- Numbness, tenderness and tingling;
- Need for injections; and
- Need for additional future surgery.

As a result of the foregoing Plaintiff suffers from severe pain, swelling and tenderness of the right shoulder resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, and deformity and disability.

The foregoing injuries directly affected the bones, tendons, tissues, muscles, ligaments, nerves, blood vessels and soft tissue in and about the involved areas and sympathetic and radiating pains from all of the which the plaintiff suffered, still suffers and may permanently suffer.

As a result of the accident and the injuries herein sustained, the plaintiff suffered a severe shock to his nervous system; the foregoing injuries have impaired the general health of the plaintiff; the plaintiff verily believes that all of the injuries hereinabove sustained are permanent and progressive in nature;

The plaintiff may permanently suffer from the aforesaid injuries and from its effects upon his nervous system and may limit her activities in his life. Plaintiff may be restricted in his normal life and activities and may permanently require medical care and attention.

2. In addition to those special damages previously alleged, plaintiff has incurred additional physician services and hospital expenses for the above surgery in the amount of approximately \$100,000.00. Plaintiff's special damages are claimed to be continuing.

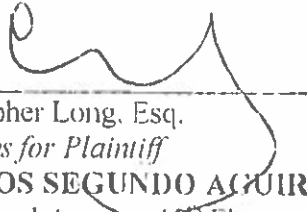
3. It is anticipated that Plaintiff will require future treatment for the body parts alleged herein, including but not limited to: Epidural steroid injections, facet injections, radiofrequency

ablation, physical therapy, chiropractic treatment, analgesics, MRI's, medications, pain management, surgery follow-ups, greater occipital nerve block injections, nerve conduction studies, CAT scans, diagnostic studies, anesthesia, implants, trigger point injections, joint "lubrication" injections, spinal cord stimulator, surgery and revision surgery. Anticipated future medical costs is estimated at: \$9,500,000.00.

PLEASE TAKE FURTHER NOTICE that the plaintiff reserves the right to serve an amended and/or supplemental Bill of Particulars in connection with all claims including those of continuing special damages and disabilities.

Dated: New York, New York  
March 22, 2024

Yours, etc.,  
**WILLIAM SCHWITZER & ASSOCIATES, P.C.**

  
By: Christopher Long, Esq.  
*Attorneys for Plaintiff*  
**MARCOS SEGUNDO ACQUIRRE**  
820 Second Avenue, 10<sup>th</sup> Floor  
New York, New York 10017  
(212) 685-7800  
File No: SRDS22-004

TO:

BELL LAW GROUP, PLLC  
*Attorneys for Defendants*  
**BG 37<sup>TH</sup> AVENUE REALTY LLC**  
116 Jackson Avenue  
Syosset, New York 11791  
Tel: (516) 280-3008

RAVEN & KOLBE, LLP  
*Attorneys for Defendant*  
**LINE VENTURE GROUP LLC**  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022  
(212) 759-7466

ATTORNEY'S VERIFICATION

I, Christopher Long, Esq an attorney duly admitted to practice in the Courts of the State of New York, hereby affirms the following to be true under the penalty of perjury.

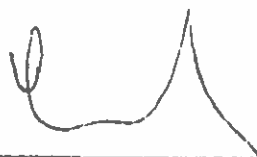
That I am associated with the firm of **WILLIAM SCHWITZER & ASSOCIATES, P.C.**, attorneys for Plaintiff in the within action and as such, I am fully familiar with the facts and circumstances surrounding this matter based upon my review of the contents of the file maintained by this office.

That I have read the foregoing **SIXTH SUPPLEMENTAL BILL OF PARTICULARS** and know the contents thereof; that the same is true to my own knowledge except as to the matters therein stated too be alleged upon information and belief; and, as to those matters, I believe them to be true.

That the reason this verification is made by your Affirmant and not by Plaintiff is that Plaintiff does not reside within the county in which my office is maintained.

That the grounds for your Affirmant's belief as to all matters not stated upon my own knowledge are as follows: facts, investigations, reports, records, and documents contained in Plaintiff's file maintained by your Affirmant's office.

Dated: New York, New York  
March 22, 2024

  
\_\_\_\_\_  
Christopher Long, Esq.

AFFIDAVIT OF SERVICE


I, Ana E. Colon, being duly sworn, deposes and says:

I am over 18 years of age, I am not a party to the action, and I reside in Bronx County, State of New York.

I served a true copy of the annexed **SIXTH SUPPLEMENTAL BILL OF PARTICULARS** on March 22, 2024 by electronic filing and mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee as indicated below:

BELL LAW GROUP, PLLC  
116 Jackson Avenue  
Syosset, New York 11791

RAVEN & KOLBE, LLP  
126 East 56<sup>th</sup> Street, Ste., 202  
New York, New York 10022

  
\_\_\_\_\_  
Ana E. Colon

Sworn to before me,  
March 22, 2024

  
\_\_\_\_\_  
Notary Public

CHRISTOPHER A. LONG  
Notary Public, State of New York  
No. 02106350348  
Qualified in New York County  
Commission Expires November 07, 2024

Index No.: 702770/2022

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF QUEENS

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JULIO CESAR PUAC,

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE VENTURE GROUP LLC,

Defendants.

---

**SIXTH SUPPLEMENTAL BILL OF PARTICULARS**

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**WILLIAM SCHWITZER & ASSOCIATES, P.C.**

*Attorneys for Plaintiff*

820 Second Avenue, 10<sup>th</sup> Floor

New York, New York 10017

(212) 683-3800

Fax: (212) 685-2356

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SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS-----X  
JULIO CESAR PUAC,

Plaintiff,

-against-

BG 37TH AVENUE REALTY LLC and LINE  
VENTURE GROUP LLC,Defendants.  
-----X

Index No.: 702770/2022

SEVENTH SUPPLEMENTAL  
VERIFIED BILL OF  
PARTICULARS

PLEASE TAKE NOTICE, that Plaintiff, JULIO CESAR PUAC, by his attorneys, WILLIAM SCHWITZER & ASSOCIATES, P.C., as and for a SEVENTH SUPPLEMENTAL BILL OF PARTICULARS allege as follows:

1. In addition to the injuries previously pled, Plaintiff was caused to suffer the following as a result of Defendants' negligence and/or Labor Law violations:

**LEFT ANKLE**

- Tear of ATFL
- Tear of PTFL
- Tear of the FHL
- Tear of peroneus brevis tendons.
- Fracture of the anterior tibial plafond

As a result of the previously pled injuries, Plaintiff was required to undergo the following surgical procedure on June 18, 2024 by Gianni Persich, DPM, at New Horizon Surgical Center, LLC:

**Pre-Op. DX:** Left ankle internal derangement. Instability. Tear of ATFL and PTFL. Tear of the FHL and peroneus brevis tendons.

**Post-Op. DX:** Same with Synovitis, osteochondral fracture of the anterior tibial plafond, peroneal tenosynovitis.

**Procedure Narrative:**

Prior to surgery, the risks, benefits and alternatives of the procedures were discussed with the patient. The procedures were explained in detail. The risks including but not limited to bleeding, infection, damage to nerve, damage to tissue, damage to blood vessels, non-healing, delayed healing, failure of hardware, DVT, PE, loss of limb and loss of life were explained. Any questions presented were answered to the patient's satisfaction. The patient understood these risks and consented to the procedures freely. The operative site was marked.

With the patient cleared for anesthesia, the patient was brought into the O.R. and placed on Ancef 2gm IV preoperatively as per protocol. The requisite time out was performed. After satisfactory anesthesia was obtained, the patient was prepped and draped in the usual aseptic fashion for extremity surgery. He was positioned supine. A well-padded thigh tourniquet was placed on the LLE, the limb was elevated and exsanguinated using an Esmarch. It was inflated to 250mm Hg.

Attention was drawn to the Left ankle. The foot was placed in a Guhl ankle distractor and secured. The medial portal was mapped, and the joint was insufflated with 20cc of sterile saline.

Using a #11 blade a stab incision was made over the marked medial portal. The incision was carried down with a blunt hemostat. A blunt trocar was inserted into the joint. Immediate fluid outflow was noted.

The camera was inserted and entry into the joint was confirmed. The fluid pump was activated and using trans-illumination technique the lateral portal was established following localization with an 18g needle and stab incision with a #11 blade. The incision was carried down with a blunt hemostat. The rotary shaver was inserted, and the joint was scanned along the lateral, medial and anterior portions. Extensive inflammatory tissue was immediately noted with impingement of the lateral gutter. Using the shaver, the tissue was extensively debrided. Bleeders were cauterized using the Werewolf Wand. It was noted during the synovectomy there was an osteochondral fracture of the anterior lateral tibial plafond. Using the rotary shaver, the fibrous body was debrided and detached from the surrounding cartilage.

Due to the location of the lesion it was opted to perform a micro abrasion chondroplasty using the rotary shaver and annealed with the werewolf wand. The joint was then flushed with copious amounts of sterile saline.

There was a synovial plica extending from the anterior lateral ankle joint capsule into the joint and attached to the anterior fibula. Using a combination of rotary shaver, biting forceps and an Werewolf Wand the plica was removed. There was extensive synovitis and tears of the ankle joint capsule.

The camera portals were switched, and synovitis was noted on the medial gutter. This was debrided using the rotary shaver. There was extensive synovitis extending in the syndesmosis and



synovectomy was performed using either the rotary shaver or Werewolf Wand. Portals were again switched. The joint was then flushed with high volume saline and bleeders cauterized using an Werewolf Wand.

There was an osteochondral fracture of the anterior tibial plafond, grade III with fibrotic loose body extending and impinging into the tibiotalar joint. Using the rotary shaver, the fibrous body was debrided and resected using manual instrumentation. The lesion was then debrided to a stable base and a micro-abrasion chondroplasty was performed using the shaver and radiofrequency wand. The wound was flushed.

The ATFL was inspected and found to be frayed, scarred and torn. This was debrided using both the shaver and Werewolf Wand. Using arthroscopic Broström technique, the fibular surface was prepped with an Werewolf Wand. The guide was inserted, and a hole drilled using the supplied instrumentation. The supplied Smith Nephew Q Fix Anchor was then advanced and secured.

Using the supplied needle the remnants of the ATFL and adjacent capsular tissue were lassoed, and the guide was then advanced and captured. The suture was then pulled through. Using a knot pusher, the ATFL and capsular tissue were then secured on the fibula and the ends cut using the suture cutter.

The deltoid was inspected and found to be frayed and torn. This was debrided using both the shaver and Werewolf Wand. Using arthroscopic Broström technique, the tibial surface was prepped with Werewolf Wand. The guide was inserted, and a hole drilled. The Smith Nephew Q-fix anchor was then advanced and secured. Instrumentation was withdrawn. Using the supplied pass-through needle the remnants of the deltoid and adjacent capsular tissue were lassoed, and the guide was then advanced and captured. Using a knot pusher, the deltoid and capsular tissue were then secured on the tibia and ends cut using the suture cutter. The joint was flushed with copious amounts of saline.

Skin portals were closed using 3-0 nylon sutures. The foot was unbridled.

Attention was drawn to the lateral ankle. A ~5 cm incision was mapped infra malleolar centered on the peroneal sheath. Using a #15 blade the incision was performed and then carried down to the level of the peroneal sheath. There was extensive synovitis and thinning noted. The sheath was incised. The peroneus brevis tendon was identified. Using Steven's scissors tenosynovectomy was performed of the inflamed and damaged tissue. The brevis was identified and noted to have a split tear extending from posterior to the fibula distally for about 3 cm. The damaged portions of the tendon were resected. The tendon was then tubularized using 4-0 Prolene suture. Attention was drawn to the longus tendon which demonstrated tenosynovitis without tear. Tenosynovectomy was performed with Steven's scissors. The wound was flushed with sterile saline. The thinned out sheath was resected using Steven's scissors. The capsule was then tightened pulling anteriorly and

to portions of the ankle retinaculum to stabilize the collaterals and peroneal tendons. The retinacular tissue was over sewn using 2 Vicryl. The collateral (Calcaneo Fibular ligament) was also over sewn with 0 Vicryl. The remainder of the sheath and retinaculum was then secured using 2-0 vicryl suture.

Using Broström technique again, the distal posterior fibular surface was prepped with cautery on the inferior surface. A u-shaped periosteal flap was formed to repair the PTFL. Using the needle, the remnants of the PTFL and adjacent U flap were lassoed, and then secured using fiber tape suture augmenting the peroneal sheath.

The wound was flushed with sterile saline. Deep closure was performed with 2-0 Vicryl and skin was closed with 3-0 Nylon suture.

Attention was drawn to the medial ankle. A posterior incision was mapped to allow for access to the FHL tendon, posterior to the medial malleolus. This was performed using a #15 blade and extended for approximately 3 cm. The incision was carefully carried down using blunt dissection. Small bleeders were cauterized.

The FHL was explored. Intra-substance tears were noted with inflammatory synovium present on the FHL. Using Stevens scissors, the inflamed synovium was sharply resected. The wound site was flushed with saline. Using 2-0 Vicryl suture, the FHL tendon tear was repaired in a tubular fashion to reserve glide function. The site was flushed with saline. Deep closure was performed with 2-0 Vicryl and skin was closed with 3-0 nylon.

The tourniquet was deflated and immediate hyperemic flush was noted to the extremity. No active bleeders were noted.

Xeroform, fluff and Kling dressing were applied. The patient was placed in a posterior splint in slight eversion. An ace bandage was applied extending up the Left leg in a mildly compressive fashion.

Neurovascular status was intact to all digits. The patient tolerated the procedure well and left the O.R. in apparent stable condition.

- Joint effusion;
- Edema;
- Internal derangement;
- Sprain and strain;
- Impingement;

- Spasms;
- Synovitis;
- Post traumatic arthritis;
- Severe pain, swelling and tenderness;
- Marked restriction in range of motion;
- Numbness, tenderness and tingling;
- Need for injections; and
- Need for additional future surgery.

As a result of the foregoing Plaintiff suffers from severe pain, swelling and tenderness of the left ankle shoulder resulting in loss of strength, loss of function, loss of motion, restriction of movement, all with involvement of the surrounding soft tissue, nerve endings, blood vessels, muscles, tendons and ligaments with resulting pain, and deformity and disability.

The foregoing injuries directly affected the bones, tendons, tissues, muscles, ligaments, nerves, blood vessels and soft tissue in and about the involved areas and sympathetic and radiating pains from all of the which the plaintiff suffered, still suffers and may permanently suffer;

As a result of the accident and the injuries herein sustained, the plaintiff suffered a severe shock to his nervous system; the foregoing injuries have impaired the general health of the plaintiff; the plaintiff verily believes that all of the injuries hereinabove sustained are permanent and progressive in nature;

The plaintiff may permanently suffer from the aforesaid injuries and from its effects upon his nervous system and may limit her activities in his life. Plaintiff may be restricted in his normal life and activities and may permanently require medical care and attention.

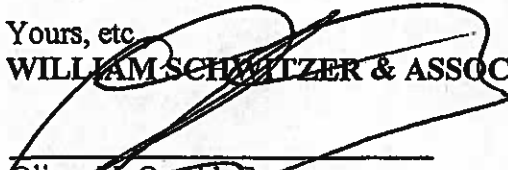
2. In addition to those special damages previously alleged, plaintiff has incurred additional physician services and hospital expenses for the above surgery in the amount of approximately \$95,000.00. Plaintiff's special damages are claimed to be continuing.

3. It is anticipated that Plaintiff will require future treatment for the body parts alleged herein, including but not limited to: Epidural steroid injections, facet injections, radiofrequency ablation, physical therapy, chiropractic treatment, analgesics, MRI's, medications, pain management, surgery follow-ups, greater occipital nerve block injections, nerve conduction studies, CAT scans, diagnostic studies, anesthesia, implants, trigger point injections, joint "lubrication" injections, spinal cord stimulator, surgery and revision surgery. Anticipated future medical costs is estimated at: \$11,000,000.00.

PLEASE TAKE FURTHER NOTICE that the plaintiff reserves the right to serve an amended and/or supplemental Bill of Particulars in connection with all claims including those of continuing special damages and disabilities.

Dated: New York, New York  
July 8, 2024

Yours, etc  
WILLIAM SCHULTZER & ASSOCIATES, P.C.

By:  Oliver N. Oward, Esq.  
Attorneys for Plaintiff  
JULIO CESAR PUAC  
820 Second Avenue, 10<sup>th</sup> Floor  
New York, New York 10017  
(212) 685-7800  
File No: SRDS22-004

TO:

BELL LAW GROUP, PLLC  
Attorneys for Defendants  
BG 37<sup>TH</sup> AVENUE REALTY LLC  
116 Jackson Avenue  
Syosset, New York 11791  
Tel: (516) 280-3008

**RAVEN & KOLBE, LLP**

*Attorneys for Defendant*

**LINE VENTURE GROUP LLC**

126 East 56<sup>th</sup> Street, Ste., 202

New York, New York 10022

(212) 759-7466

**ATTORNEY'S VERIFICATION**

I, Oliver N. Owaid, Esq an attorney duly admitted to practice in the Courts of the State of New York, hereby affirms the following to be true under the penalty of perjury.

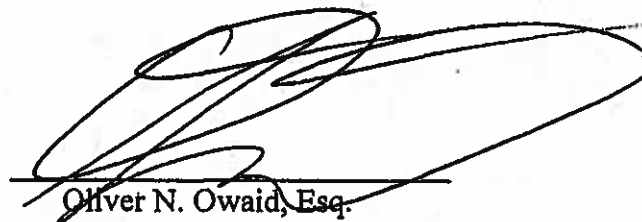
That I am associated with the firm of **WILLIAM SCHWITZER & ASSOCIATES, P.C.**, attorneys for Plaintiff in the within action and, as such, I am fully familiar with the facts and circumstances surrounding this matter based upon my review of the contents of the file maintained by this office.

That I have read the foregoing **SEVENTH SUPPLEMENTAL BILL OF PARTICULARS** and know the contents thereof; that the same is true to my own knowledge except as to the matters therein stated too be alleged upon information and belief; and, as to those matters, I believe them to be true.

That the reason this verification is made by your Affirmant and not by Plaintiff is that Plaintiff does not reside within the county in which my office is maintained.

That the grounds for your Affirmant's belief as to all matters not stated upon my own knowledge are as follows: facts, investigations, reports, records, and documents contained in Plaintiff's file maintained by your Affirmant's office.

Dated: New York, New York  
July 8, 2024



Oliver N. Owaid, Esq.

AFFIRMATION OF SERVICE

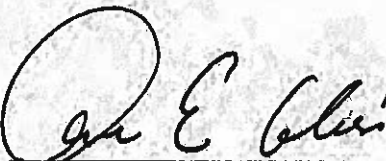
STATE OF NEW YORK, COUNTY OF NEW YORK

I, Ana E. Colon, affirm this 9 day of July, 2024, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

That I served the within **SEVENTH SUPPLEMENTAL VERIFIED BILL OF PARTICULARS** by depositing a true copy thereof enclosed in a post-paid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to each of the following persons at the last known address set forth after each name:

BELL LAW GROUP, PLLC  
*Attorneys for Defendants*  
BG 37th AVENUE REALTY LLC.  
116 Jackson Avenue  
Syosset, New York 11791  
(516) 280-3008

RAVEN & KOLBE, LLP  
*Attorneys for Defendant*  
LINE VENTURE GROUP LLC  
126 East 56th Street, Ste., 202  
New York, New York 10022  
(212) 759-7466



Ana E. Colon

**Index No.: 702770/2022**

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS**

---

**JULIO CESAR PUAC,**

**Plaintiff,**

**-against-**

**BG 37TH AVENUE REALTY LLC and LINE VENTURE GROUP LLC,**

**Defendants.**

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**SEVENTH SUPPLEMENTAL VERIFIED BILL OF PARTICULARS**

---

**WILLIAM SCHWITZER & ASSOCIATES, P.C.**

*Attorneys for Plaintiff*

**820 Second Avenue, 10<sup>th</sup> Floor**

**New York, New York 10017**

**(212) 683-3800**

**Fax: (212) 685-2356**

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