

IN THE DISTRICT COURT OF IOWA IN AND FOR POLK COUNTY

<p><b>ELAINE GAUDEN,</b></p> <p style="text-align: center;"><b>Plaintiff,</b></p> <p style="text-align: center;">vs.</p> <p><b>HY-VEE INC.,</b></p> <p style="text-align: center;"><b>Defendant.</b></p>	<p style="text-align: center;"><b>Case No: LACL155784</b></p> <p style="text-align: center;"><b>VERDICT FORM</b></p>
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VERDICT NO. 1

We find the following verdict on the questions submitted to us:

**Question No. 1:** Was Hy-Vee, Inc. at fault?

Answer "yes" or "no."

ANSWER: no

[If your answer is "no," do not answer any further questions.]

**Question No. 2:** Was the fault of Hy-Vee, Inc. a cause of any item of damage to the Plaintiff?

Answer "yes" or "no."

ANSWER: \_\_\_\_\_

[If your answer is "no", do not answer any further questions.]

**Question No. 3:** Was Plaintiff Elaine Gauden at fault?

Answer "yes" or "no."

ANSWER: : \_\_\_\_\_

[If your answer is "no," do not answer Questions No. 4 or 5.]

**Question No. 4:** Was the Plaintiff Elaine Gauden's fault a cause of any damage to the Plaintiff?

Answer "yes" or "no."

ANSWER: : \_\_\_\_\_

[If your answer is "no," do not answer Question No. 5.]

**Question No. 5:** Using 100% as the total combined fault of Elaine Gauden and Hy-Vee, Inc. which was a cause of Plaintiff's damage, what percentage of such combined fault do you assign to the Plaintiff and what percentage of such combined fault do you assign to the Defendant?

FILED  
POLK COUNTY, IA  
2024 OCT -9 PM 2:44  
CLERK DISTRICT COURT

ANSWER: Plaintiff \_\_\_\_\_ %  
Defendant \_\_\_\_\_ %  
TOTAL 100%

[If you find Plaintiff to be more than 50% at fault, do not answer Question No. 6.]

**Question No. 6:** State the amount of damages sustained by Plaintiff caused by Hy-Vee, Inc.'s fault as to each of the following items of damage. Do not take into consideration any reduction of damages due to Plaintiff's fault. If Plaintiff has failed to prove any item of damage, or has failed to prove that any item of damage was proximately caused by Hy-Vee, Inc.'s fault enter 0 for that item.

**ANSWER:**

- 1. Past medical expenses \$ \_\_\_\_\_
  - 2. Past loss of full function of the body; \$ \_\_\_\_\_
  - 3. Future loss of full function of the body; \$ \_\_\_\_\_
  - 4. Past physical pain and suffering; \$ \_\_\_\_\_
  - 5. Future physical pain and suffering \$ \_\_\_\_\_
- TOTAL (add the separate items of damage) \$ \_\_\_\_\_

FILED  
POLK COUNTY IOWA  
24 OCT -9 PM 2:44  
CLERK DISTRICT COURT

*Lawrence Waldman*  
Foreperson\*

10/9/2024  
Date

\*To be signed only if verdict is unanimous.

\_\_\_\_\_  
Juror\*\*

\_\_\_\_\_  
Juror\*\*

\_\_\_\_\_  
Juror\*\*

\_\_\_\_\_  
Juror\*\*

\_\_\_\_\_  
Juror\*\*

\_\_\_\_\_  
Juror\*\*

\_\_\_\_\_  
Juror\*\*

\_\_\_\_\_  
Date

\*\*To be signed by the jurors agreeing thereto after six hours or more of deliberation.