

IN THE IOWA DISTRICT COURT OF THE STATE OF IOWA  
IN AND FOR LEE (SOUTH) COUNTY

SETH ANDERSON & ELIZABETH  
ANDERSON, personally and as  
Parents and Next Friends of G.A.  
and M.A., minor children,

Cause No. LALA006472

Plaintiffs,

-vs-

KATHLEEN KLEPFER,

Defendants.

**FILED**  
2/18/2020 @ 4:00pm  
CLERK DISTRICT COURT  
SOUTH LEE COUNTY, IOWA *KAF*

**VERDICT FORMS**

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

**PLAINTIFF SETH ANDERSON**

State the amount of damages sustained by Plaintiff Seth Anderson for each of the following items of damage caused by the Defendant's negligence. If the Plaintiff Seth Anderson failed to prove any item of damage, enter "0" for that item.

1. Past medical expenses

\$ 157.87

2. Past loss of function of body

\$ 00.00

3. Past pain and suffering

\$ 300.00

TOTAL (add the separate items of damage)

\$ 557.87

### PLAINTIFF ELIZABETH ANDERSON

State the amount of damages sustained by Plaintiff Elizabeth Anderson for each of the following items of damage caused by the Defendant's negligence. If the Plaintiff Elizabeth Anderson failed to prove any item of damage, enter "0" for that item.

- |  |                    |
|--|--------------------|
| 1. Past medical expenses                 | \$ <u>631.16</u>   |
| 2. Past loss of function of body         | \$ <u>200.00</u>   |
| 3. Past pain and suffering               | \$ <u>1,000.00</u> |
| TOTAL (add the separate items of damage) | \$ <u>1831.16</u>  |

### PLAINTIFF G.A.

State the amount of damages sustained by Plaintiff G.A. for each of the following items of damage caused by the Defendant's negligence. If the Plaintiff G.A. failed to prove any item of damage, enter "0" for that item.

- |  |                  |
|--|------------------|
| 1. Past medical expenses                 | \$ <u>314.56</u> |
| 2. Past loss of function of body         | \$ <u>0</u>      |
| 3. Past pain and suffering               | \$ <u>100.00</u> |
| TOTAL (add the separate items of damage) | \$ <u>414.56</u> |

**PLAINTIFF M.A.**

State the amount of damages sustained by Plaintiff M.A. for each of the following items of damage caused by the Defendant's negligence. If the Plaintiff M.A. failed to prove any item of damage, enter "0" for that item.

1. Past medical expenses

\$ 596.15

2. Past loss of function of body

\$ 200.00

3. Past pain and suffering

\$ 300.00

TOTAL (add the separate items of damage)

\$ 1,096.15

Elizabeth Handzasto  
Foreperson\*

\*To be signed only if verdict is unanimous

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

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

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

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Juror\*\*

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Juror\*\*

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Juror\*\*

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Juror\*\*

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