

STAC 2021 Clarifications

Editor's Note:

In addition to the questions answered below, please see the new Verdict Sheet, where several changes have been made.

1. STAC-14, the joint exhibit list, lists the three exhibits for this trial. While it is stipulated that each of the exhibits are authentic, there is no reference to which exhibits each witness is familiar with or aware of. What, if any, exhibits are each witness familiar with and/or aware of?

A: The witnesses familiar with each exhibit are below:

- **Exhibit A: Carson Gray**
- **Exhibit B: provided for informational purposes only**
- **Exhibit C: Carson Gray and Darren Ryan**

2. Carson Gray says his address is in Steelton on Line 3 of Page 17. In Exhibit C, his address is also listed as Steelton. In Exhibit A, his address is listed in the city of Penn's Woods. Is that an error, or done purposefully?

A: Exhibit A has been updated to reflect Carson's address as 5064 Yoh Avenue, Steelton, ST.

3. Carson Gray testified that he purchased the motorcycle before the accident on September 4, 2017. However, Exhibit A, the motorcycle title certificate, is not signed until 10/15/2017. Is this a mistake or an intended issue to be addressed?

A: The date on the title of 10/15/17 is correct.

4. Carson Gray's Deposition identifies a witness statement in the Police Report (STAC 21, lines 17-18), but no witnesses or witness statements are referenced in the Police Report provided. Will a witness statement be provided?

A: The witness statement was lost by the police department and will not be provided.

5. Is STAC 79 the final page of the Pfizer exhibit ending on STAC 78?

A: This is the final page of the Pfizer exhibit.

6. In the Romanov deposition on STAC 41, line 9, the sentence appears to be incomplete.

A: The sentence is complete. Romanov was saying Darren is a doer and did not want a desk job.

7. When did the Plaintiff, Carson Gray, begin to take his three prescribed medications: Plaxil; Klonopin; and Xanax?

A: No further information will be provided regarding this question.

8. Stipulation 19 on STAC 13 states that Defendant must call Keaton Scent and Nat Romanov as witnesses. Is Keaton Scent a typo?

A: Yes, "Keaton Scent" should be "Darren Ryan." The stipulations have been updated to reflect this change.

9. The Plaintiff and his witness have a direct conflict with regard to when Mr. Stork arrived at Montana Max's. The conflict is material. Is that an oversight or intended?

A: No further information will be provided regarding this question.

10. Will the parking spaces be added to the diagram as they were last year, or can we count on the current diagram of Webster being the one to use at competition?

A: Parking parallel to the street on both sides is allowed on Webster. There are no designated spaces and none will be on the diagram.

11. Carson Gray was deposed on 6/6/20. On STAC 17, he testifies to living at his address for just over "two" years. Should the word "two" be replaced with "three" since Carson moved there right before the accident, which was in September 2017.

A: Yes, three is the correct amount of years Carson lived at his address. The fact pattern has been updated to reflect this.

12. In the Romanov depo, p. STAC 40, line 11, should the word "before" be replaced with "after"?

A: Please see the revised Romanov deposition. The question and answer have been updated per the below.

Q. Were you friends with Darren before you transferred?

A. Of course I was. We were roommates.

13. Are we allowed to create a PowerPoint to illustrate the accident?

A: From the Rules: *Teams may use demonstrative aids that were created before the trial, including PowerPoint charts, timelines, case exhibits with callouts, highlights, or other emphasis, as long as they are disclosed to opponents at least 30 minutes before trial. However, nothing in this rule permits teams to create new exhibits or evidence, and no charts or drawings may reflect facts outside the record.*

You may highlight the diagram and have a witness draw on it, but you may not, for instance, create an animation that demonstrates a version of the crash prior to trial. Any aids that would reflect a witness' version of events MUST be marked up by that witness.

14. Must any of the witnesses - excluding the plaintiff and defendant - be tendered as an expert witness?

A: There are no expert witnesses for this trial.

15. Would you clarify whether the two vehicles depicted in the diagram (Exhibit C) are in, or partly in a parking spot, or entirely in a traffic lane?

A: See the diagram attached to Exhibit C. No further information will be given regarding this question.

16. The report specifically states that Unit 2 (Gray's bike) was parked directly in front of the parking space that Ryan was trying to pull into, whereas Ryan's depo says that the bike was parked in the space behind that one. Where was the bike parked?

A: See the diagram attached to Exhibit C. No further information will be given regarding this question.

17. Is the Title Certificate (Exhibit A) proof of ownership by Carson Gray of the motorcycle involved in the accident or another vehicle? The Driver's Accident Report (Exhibit C) does not include the motorcycle's title number, license plate number, or vehicle identification number, and Gray's signature on the Title Certificate (Exhibit A) is dated 10/15/2017, more than a month after the date of the accident.

A: The Title Certificate (Exhibit A) refers to the motorcycle that was involved in the accident on 9/4/17.

18. At the time of the accident, was a car parked in the parking spots immediately to either side of the parking spot where Carson's motorcycle was, or just had been?

A: See the diagram attached to Exhibit C. No further information will be given regarding this question.

19. Do the prescriptions Carson Gray has for Klonopin, Paxil, and Xanax all come from the same doctor? (page 18 ln. 2)

A: No further information will be provided regarding this question.

20. What are the approximate heights and weights of the witnesses (in terms of how they're affected by alcohol)?

A: No further information will be provided regarding this question.

21. Can a statute or statutory definition of operating be provided?

A: No further information will be provided regarding this definition.

22. What does Tony Stork do for a living?

A: Tony Stork works at Montana Max's.

23. Is the defense required to present the counterclaim? Will a verdict form for the counterclaim be provided?

A: The defense is not required to present the counterclaim. See the updated verdict form, no additional form will be provided.

24. Who created the diagram contained within Exhibit C?

A: The officer who wrote the Driver's Accident Report created the diagram attached to Exhibit C.

25. When was Carson's DUI?

A: No further information regarding Carson's DUI will be provided.

26. What was Carson Gray's prescription (frequency/dose) and when was it prescribed?

A: No further information will be provided regarding this question.

27. Pertaining to STAC 82 (the drawing of the accident): Is Webster a one- or two-way street, is the direction "west" supposed to be "east" and do any of the witnesses have knowledge of the exhibit?

A: See the diagram attached to Exhibit C. At the time of the accident, Webster was a two-way street, with one lane of travel in each direction. Carson and Darren have knowledge that the exhibit exists.

28. Are the exhibits intended to meet the public records hearsay exception? They are stipulated as authentic and seem to all say that they are either government documents or approved by the FDA, but there is no specific certificate or stipulation to that effect.

A: The exhibits are not intended to meet the public records hearsay exception.

29. Given the clear issues with hearsay and laying the appropriate foundation for Exhibits B and C, may those exhibits be stipulated as admissible and reviewed by all witnesses?

A: Exhibit B was provided for information purposes only for the advocates. Exhibit C is known to exist by Carson and Darren.

30. Does the time recorded on the Police Report (18:19 - 6:19pm) accurately reflect the time of the accident, the time the police arrived, or the time the report was written?

A: The time on the Police Report reflects the time the accident report was written.

31. Please clarify the dates on which the depositions were taken as they do not match the information contained therein. For example: Carson Gray's deposition (taken in 2020) states that Carson moved to Steelton two years ago (which would be 2018), meaning that Carson did not live or work in Steelton at the time of the accident (2017); Darren Ryan's deposition (taken in 2019) says that he was 18 years old at the time of the accident, but

21 at the time of the deposition; Tony Stork's deposition (taken in 2019), states that he is 38 at time of deposition, but 35 at the time of the accident.

A: All the depositions were taken in 2020 and Carson Gray has lived at his address for three years. The fact pattern has been updated to reflect this.

32. Can we assume the compass on the hand-drawn map is accurate as to direction?

A: Yes.

33. Does the "FDA Approved Medication Guide" notation at the top of Exhibit B-1 on STAC 45 apply to Exhibits B-2 and B-3?

A: Yes.

34. What is the Steelton law about driving a motorcycle before having a motorcycle license?

A: Please refer to the Stipulations. Steelton's relevant traffic statutes will not be provided.

35. Are students allowed to login to zoom using two separate devices? For example, if an advocate decides to use an iPad or phone to display something on the screen.

A: Yes, you can log in on multiple devices.

36. Will teams be able to disclose the sex of their witnesses before the Trial?

A: Yes. Before opening statement, each team should notify the other team of the gender of each witness they intend to call.

37. Is Penn's Woods a part of Steelton or are they separate municipalities?

A: The cities of Penn's Woods and Steelton are separate, but both within the state of Steelton.

38. STAC 34:25 reads, "Q: So, Carson told me he was working that day." Confused as to whether this is meant to be Stork's response. If it is a question and is referring to Carson's deposition testimony, that testimony occurred 6/6/2020, while this line of questioning occurred on 4/22/2019.

A: Please see the revised Stork deposition. The question has been updated per the below:

Q. Was Carson working that day?

39. Has Carson Gray spoken to his doctor about the effects his medication has on driving or has he taken his medications long enough to "know how [his medication]" affects him?

A: Additional information regarding plaintiff's knowledge of the effects his medication has on him will not be provided.

40. Can we assume Carson Grey knows the side effects of his medication and the information in the drug fact sheets?

A: Additional information regarding plaintiff's knowledge of the side effects of his medication and the information contained in the drug fact sheets will not be provided.

41. What is the preferred method for communication between co-counselors who are required to be in separate rooms?

A: You may choose any method you prefer. Text, chat apps, etc. are all fine. You just cannot be in the same room.

42. Is it a reasonable inference that the pharmacy where Carson Gray picked up his prescription followed federal law and provided the medication information sheets along *with his medication*?

A: No further information will be given regarding this question and therefore, no inferences should be made.

43. On STAC p. 35 lines 22-24, when asked how much he had to drink, Tony Stork says he had "three to four" drinks, and then "a couple of Coronas." Does the "three to four" drinks include the Coronas, or did Tony have the "three to four" drinks in addition to the Coronas?

A: No further information will be given regarding this question.

44. There has been confusion in the past about how we are supposed to use the answers to clarification questions in trial, particularly if the content of the answers alter or add facts that are not included in the trial packet (which happened last year). In those cases, should the answers to the clarification questions be referenced and used like stipulations in trial, or should these answers never be referenced in trial?

A: The answers should be used like stipulations in trial.

45. Assuming it is shown to opposing counsel 30 minutes before trial, may teams use physical objects as demonstratives during statements (in line with past STAC rules that would have permitted physical items so long as they were cheaper than \$20.00), or are electronically displayed demonstratives the only permissible demos this year?

A: We have eliminated the physical item rule since you have access to electronic demonstratives so they are not allowed this year.

46. Does the "Number Injured" box in the second row on the top of STAC 80 correspond with the "Injury Type" box at the bottom?

A: No. The "Number Injured" box at the top of Exhibit 3 refers to the number of people injured. The "Injury Type" box at the bottom of Exhibit 3 refers to types of injuries each designated person received.

47. Page 8 of the record specifies that there will be one motion in limine, limited to five minutes. Does “five minutes” mean five minutes of argument in total on the motion, or does each side get five minutes of argument per motion?

A: This means five minutes of argument in total on the motion. With the presiding judges’ discretion to add an additional minute or two if necessary for response. Motions should be planned to be limited to five minutes total.

48. Can we use any of the given exhibits for demonstrative purposes only?

A: Exhibit B 1-3 cannot be used for demonstrative purposes as it is informational.

49. The officer that wrote the report contained in Exhibit C was not a witness to the crash. Upon whose information did the officer that wrote Exhibit C base their report upon?

A: The officer based the report on information provided by Carson and Darren.

50. Can it be assumed that all witnesses are aware of each other’s deposition testimony?

A: No, witnesses are not aware of each other’s deposition testimony.

51. Is contributory negligence a valid affirmative defense to negligence in this jurisdiction, given that it is not included in the jury instructions (the sole source of law for the comp)?

A: No, contributory negligence is not an affirmative defense.

52. Specifically, what applications/programs may be used for the competition? E.g., PowerPoint, Prezi, Zoom Whiteboard.

A: Teams may use any technology except teleprompters or other script-scrolling apps/devices. Additionally, the use of virtual backgrounds or any app or program screenshare as a virtual background is not permitted.

53. Who is the author/custodian/source of Exhibit B?

A: The drug information contained in Exhibit B is provided by the makers of the individual drugs.

54. Who is the officer that wrote up Exhibit C?

A: No further information will be given regarding this question.

55. When the rules say witnesses will not be sequestered, does it mean that we will consider them present in the courtroom during the trial or is the sequestration just constructive?

A: It means we will consider them present in the courtroom during the trial.

56. On page 27 of the fact pattern it says Darren Ryan was found not guilty of careless driving but later it says he took a plea to lower the charge. Was he found guilty or not guilty of the careless driving charge?

A: There was no finding of guilt on the careless driving charge as Darren pled guilty to a lesser charge.



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The Association for Trial Lawyers

STAC
Student Trial
Advocacy
Competition

2021 NATIONAL STUDENT TRIAL ADVOCACY COMPETITION (STAC)

OFFICIAL RULES

and

FACT PATTERN

Endowed by Baldwin & Baldwin, LLP

Important Dates:

Requests for fact pattern clarification due: January 15, 2021
Team Participant Registration due (students must be AAJ members): February 1, 2021
Regional Competitions: March 4 – March 7, 2021
National Final Competition: April 15 – April 18, 2021

AAJ's 2021 Fact Pattern is authored by A. Michael Gianantonio of Pittsburgh, PA.

AAJ extends its thanks and appreciation to Mr. Gianantonio for developing the 2021 Fact Pattern. AAJ also extends its thanks and appreciation to our STAC co-chairs Lauren Barnes, Maria Glorioso, and Fred Schultz and the members of the Law Schools Committee who helped review the fact pattern.

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Please note:

Information regarding the 2021 Student Trial Advocacy Competition is available at <https://www.justice.org/community/events/stac/stac-current-year> and will be updated frequently.

All questions and correspondence should be addressed to:

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GENERAL INFORMATION

One of AAJ's goals is to inspire excellence in trial advocacy through training and education for both law students and practicing attorneys. One way AAJ accomplishes this goal is by sponsoring a national student mock trial competition. This is an exceptional opportunity for law students to develop and practice their trial advocacy skills before distinguished members of the bar and bench.

Because the purpose of this competition is to give law students the opportunity to develop their trial skills, the actual merits of the plaintiff's case and the defendant's case presented are irrelevant to this purpose. Competition rounds are decided not on the merits of a team's side but on the quality of a team's advocacy.

Requests for Clarification

Requests for clarifications of the rules or fact pattern must be submitted via an online survey no later than 5:30 p.m. (EST) on January 15, 2021. You can access the survey to submit your questions at <https://forms.gle/akB9NDv6zCtvb3Tr6>. *Each school is limited to three (3) questions.* No school, regardless of the number of teams it has in the competition, may submit more than three questions. Each subpart of a question is counted as a question.

RULE VIOLATION AND FILING OF COMPLAINTS

A competitor or coach violating any of the rules governing the national Student Trial Advocacy Competition may be penalized or disqualified. If a team wants to file a complaint under the rules, the team's coach should immediately notify the regional coordinator at a regional competition or the final round coordinator at the final competition. The coordinator will review the complaint and make a ruling, which shall be binding for that round of competition. The coordinator's rulings will be governed by the rules of the competition and the objectives of the program.

Complaints after a regional competition or after the national competition must be filed in writing with Kara Yoh at the address on page 2 no later than seven (7) days following the last day of the regional or final round, as appropriate. The AAJ Law Student Services Committee will promptly consider and rule on any such complaints.

LAW SCHOOL AND STUDENT ELIGIBILITY

The competition is open to all law schools nationwide. A law school may enter up to two teams. Each team shall be comprised of four law students. A school's selection method of its trial team(s) is left for the school to determine. However, for a student to be eligible, he or she must be enrolled for a J.D. degree and be a law student member of AAJ.

Students who graduate in December 2020 are eligible to participate only if the competition counts toward their credits for graduation and they will not be admitted to practice prior to March 2021.

Each student participant must be an AAJ student member by February 1, 2021 in order to participate.

REGISTRATION PROCEDURES

Refund Policy

Requests for a refund of a school's registration fee were due in writing before November 23, 2020. It is inevitable that a few teams drop out of the competition in the months leading up to the regionals. Teams placed on the waiting list because the competition is full will be contacted for participation in the order that their registrations were received. Teams on the waiting list will also be issued a refund check if it is determined that the team will not be competing. Schools that registered two teams but are only able to enter one team because the competition is full will receive a refund of the registration fee for the second team.

AAJ Law Student Membership and Student Team Registration

Student team members must be AAJ members by February 1, 2021 in order to participate. This year, all students must verify their membership and register for their respective team online. A link will be sent once participant registration is open. AAJ Law Student membership dues are \$15. If you have any questions about AAJ's law student membership, or if you have any trouble becoming a member online, please call AAJ's member hotline at (202) 965-3500, ext. 8611.

Coach Registration

AAJ must receive the names of the coach for each team in order to have a team contact and to allow them to observe the competition. A coach may be a law student, but may not be a student who is competing in the competition. Coaches do not need to be members of AAJ, and should not register for the STAC event. Coaches must complete an online survey listing the team the coach is associated with by February 22, 2021. This is the information that will be sent to the regional coordinators to communicate logistics.

Student Substitution Policy

Substitution of team members after February 15, 2021 is not permitted except in the case of personal emergencies or medical diagnoses that do not allow a student to compete. Requests for substitution after the February 15 deadline must be made in writing with an explanation of why the substitution is needed and sent to Kara Yoh at AAJ for consideration. These requests can be made to STAC@justice.org.

REGIONAL AND FINAL COMPETITION ASSIGNMENTS

Entering teams will be assigned to one of 12 regional competitions based on time zone *to the extent possible*. Teams from the same law school will be assigned to the same region. If a school's second team is waitlisted, there is no guarantee that second team will be assigned to the same region as the first team. Teams will be notified of any date changes when regional assignments are made. Please remember that a school's second team will not be officially registered until one team from each law school has entered the mock trial competition. Then the second teams will be registered on a first-come, first-served basis until all the team slots are filled. If you paid for two teams and only one team is able to participate, you will receive a refund for the second team.

In order to officially compete in the competition, a team **must** receive its regional assignment. If a team is not informed by AAJ that it is able to compete, that team is not registered for the competition.

Coaches

A coach should work with each team in the regional and the final competitions. The coach for a team that advances to the final competition does not have to be the person who coached the team at the regional competition.

A coach may be a law student, but may not be a student who is competing in the competition.

Only team coaches or a designee are permitted to attend the coaches' meeting and file formal complaints. If a coach is unable to attend, he or she must notify AAJ and the regional coordinator. Only then can students be permitted to attend in the coach's absence.

COMPETITION FORMAT

This is a trial skills competition. There is no motion or trial brief writing component. Each team will consist of four law students. Two students will be advocates and two students will play the witnesses for their side in each round. Advocates and witnesses may change their roles from round to round, but roles must remain consistent throughout each individual trial.

In the regional competitions:

- Each team will compete in three qualifying rounds
- The top four teams from the qualifying rounds will advance to a single elimination semifinal round
- The top two teams from the semifinal round will advance to a single elimination final round to determine which one team will advance to the National Final Competition

In the final competition:

- Each team will compete in three qualifying rounds
- The top four teams will advance to a single elimination semifinal round
- The top two teams from the semifinal round will advance to a single elimination final round

Regional Team Pairings in Qualifying Rounds

Pairing of teams in the qualifying rounds will be at random. Teams may be pre-assigned by the regional coordinator prior to the coaches' meeting; this practice is at the discretion of the regional coordinator. Each team will represent both plaintiff and defendant in the first two rounds. No two teams shall compete against each other more than once in the qualifying rounds. Teams from the same school will not compete against each other during any of the rounds of the regional competition or in the qualifying rounds of the national final competitions.

Team Rankings in All Other Rounds

In the semifinal round, the first-ranked team will meet the fourth-ranked team, and the second-ranked team will meet the third-ranked team.

Semifinal round (Normal pairings: 1 v. 4; 2 v. 3)

Situation 1: Teams ranked 1 and 4 are from the same school
New pairings: 1 v. 3; 2 v. 4

Situation 2: Teams ranked 2 and 3 are from the same school
New pairings: 1 v. 3; 2 v. 4

The ranking of teams to determine the semifinalists and finalists will be determined by the following factors (in this order):

1. Win/loss record
2. Number of winning votes
3. Number of total points awarded to the team

Each succeeding criterion above will be used only if the prior criterion does not fully rank the teams and will be used only to break ties created by the use of the prior criterion. In the event that all three of these criterion are tied, the regional coordinator will announce a tie-breaker.

If paired regional semifinal teams have met in the qualifying rounds, they will each represent different sides than in the previous meeting. If they have not yet met, each team will take the side they represented only once in qualifying rounds. If matched teams represented the same side only once, the winner of a coin toss will choose sides.

In the regional finals, the teams will represent a different side than in the semifinal round. If the two opposing teams each represented the same side in the semifinal round, the winner of a coin toss will choose sides.

When an odd number of teams compete at a regional competition, one randomly chosen team will receive a "bye" in each qualifying round. For ranking purposes, a bye will count as a win and the team with the bye will be deemed to have had three votes and the points equal to the average of the team's points from the two other qualifying rounds.

If teams from the same school are matched to compete based on rank in the semifinal and final rounds of a regional competition, regional hosts will re-pair teams according to the

following scenarios:

Semifinal round (Normal pairings: 1 v. 4; 2 v. 3)

Situation 1: Teams ranked 1 and 4 are from the same school
New pairings: 1 v. 3; 2 v. 4

Situation 2: Teams ranked 2 and 3 are from the same school
New pairings: 1 v. 3; 2 v. 4

Determination of Team Representation

If the four national and regional semifinal teams have already met in the qualifying rounds, they will represent different sides from the previous confrontation. If they have not yet met, each team will take the side they represented only once in qualifying rounds. If matched teams represented the same side only once, the winner of a coin toss will choose sides.

The two national final teams will represent a different side than in the semifinal round. If matched teams represented the same side in the semifinal round, the winner of a coin toss will choose sides.

THE TRIAL

The competition this year involves the trial of a civil lawsuit. The same fact pattern will be used in the regional and final competitions. The trial judge previously ruled that the case would be bifurcated, and the case being tried in the competition is the first phase of the case—the liability phase. Only evidence relevant to the liability issue will be received. There are no pending third-party claims.

The Federal Rules of Evidence (FRE) and Federal Rules of Civil Procedure (FRCP) are the applicable rules of evidence and civil procedure. Only these rules, and the law provided in the fact pattern, shall be used in argument. Specifically, no statutory, regulatory, or case law shall be cited unless such law is provided in the fact pattern.

Students may argue based upon the comments or advisory notes to the Federal Rules of Evidence but may not cite the cases contained therein. No written briefs, motions, or trial notebooks, may be presented to the judge hearing a case. Advocates may show the judge part of the fact pattern that the judge is asked to rule on, but only at the time the judge is asked to rule on it.

Each side will be permitted to make one motion in limine. Such motions are limited to 5 minutes.

Motions for a judgment as a matter of law and evidentiary objections are permitted.

The trial will consist of the following phases by each team in this order:

- Opening statements for plaintiff followed by defendant
- Plaintiff's case-in-chief
 - Plaintiff's direct of plaintiff's witness #1
 - Defendant's cross of witness

- Plaintiff's redirect of witness
- Similar for plaintiff's witness #2
- Defendant's case-in-chief
 - Defendant's direct of defendant's witness #1
 - Plaintiff's cross of witness
 - Plaintiff's redirect of witness
 - Similar for defendant's witness #2
- Closing argument
 - Plaintiff's closing
 - Defendant's closing
 - Plaintiff's rebuttal closing

Each side is limited to two live witnesses whom they may call in any order.

- Plaintiff must call Carson Gray and Tony Stork
- Defendant must call Darren Ryan and Nat Romanov

The trial has six (6) major advocacy opportunities for each team: opening statement; direct/redirect examinations (2); cross-examinations (2); and closing argument. Each attorney member of a team must handle three of the six opportunities. Opening statement and closing argument may not be done by the same person, and may not be split between team members. Each team member must do a direct and cross. Each team member does not need to play an attorney role.

During the competition, each team will represent both parties. Pairing in the qualifying rounds will be at random, with each team representing both plaintiff and defendant at least once in the three rounds.

Except in the final round, the virtual courtrooms will be off-limits to all team members, coaches, friends, and family members who are not associated with either team competing, unless their team has already been eliminated from the competition.

No team may receive any coaching from anyone in any form during a round, including any recesses or breaks. The regional or national coordinator, as applicable, has the authority to punish any violation of this rule by disqualifying the team from the remainder of the competition.

Timing of the Trial

- Each team will have 60 minutes to complete its argument; time will be stopped during objections.
- The time limit will be strictly enforced, although it is not necessary that all time allotted be used.
- There will be no time limits for specific aspects of the trial.
- Time on cross-examination is charged against the team conducting the cross-examination.
- Time will be stopped for objections and responses to objections.
- Performance at trial will be evaluated by a panel of judges and/or attorneys, one of whom will preside over the trial as Judge, making rulings as necessary, and the

remainder (up to three) of whom will act as the jury.

Teams may use any technology except teleprompters or other script-scrolling apps/devices. Teams may set up their physical spaces however they like except they may not have (a) virtual backgrounds or (b) anything on screen that identifies their school, state, or region. Any app or program screenshare as a virtual background is not permitted.

Witnesses must sit while testifying (unless given permission to stand by the presiding judge). Witnesses should only have their audio and video on while testifying.

Advocates may choose whether, and when, to sit or stand.

Teams may have one additional student on their roster to serve as a trial technician responsible for technology needs, such as display of exhibits. Teams may also assign those responsibilities to one or more of the other rostered team members.

No students may compete in the same room at the same time with each other or in the same room as a coach.

An electronic notebook of all case materials will be provided to presiding judges and witnesses. Advocates should authenticate exhibits, impeach, and refresh recollection by reference to the electronic notebook.

While a witness is testifying, no one may communicate with them privately (e.g., no coaching your witness by text message). Otherwise, during trial advocates and witnesses on the same team may communicate with each other.

During trial, team members may communicate only with each other, judges, the opposing team, and tournament officials. They may not communicate with coaches or anyone else.

Advocates must mute their audio except when performing, including the attorneys conducting direct and cross, who may both be unmuted.

During motions and while addressing housekeeping matters, only the attorneys addressing the issues at that time should have their video on.

During speeches, only the two attorneys giving that particular speech should have their video on (e.g., during the Plaintiff opening, both the Plaintiff opener and Defense opener should have their video on). During witness examinations, only the two attorneys examining that witness should have their video on.

Facts Outside the Record

Advocates must confine the questions, and witnesses must confine their answers, to the facts provided in the fact pattern and reasonable inferences which may be drawn therefrom.

1. Definition: A fact outside the record is (1) any instance on direct examination, cross-examination, or re-direct, in which a witness introduces testimony contradictory to his or her affidavit; and/or (2) any instance on direct or re-direct examination in which an attorney offers, through witness testimony, material facts not included in or reasonably inferred from a witness's affidavit.

2. Cross-examination: On cross-examination, a witness commits no violation when he or she testifies to material facts not included in his or her affidavit as long as the witness's answer is responsive to the question posed. Attorneys who ask questions to which the witness's affidavit does not provide an answer risk receiving an unfavorable answer in trial. Notwithstanding the preceding rules, nothing in this section is intended to prevent attorneys from attempting to challenge a witness's credibility by demonstrating an omission through use of the witness's affidavit.
3. Material facts: No inferred fact may be material, which is defined (a) as a fact that changes the merits of either side of the case or (b) that bears on the credibility of any witness or litigant. The latter is defined to include any background information about a witness or litigant.
4. Reasonable inference: A witness's answer does not qualify as a reasonable inference merely because it is consistent with statements in the witness's affidavit. A reasonable inference must be a conclusion that a reasonable person would draw from a particular fact or set of facts contained in the fact pattern documents.
5. Affidavit: An affidavit includes not only a witness's sworn statement, but any document in which the witness has stated his or her beliefs, knowledge, opinions or conclusions or a document which a witness relied upon to form his or her conclusions.

Except during closing argument, no party may make an objection that the opposing team is going outside the record. Instead, a party may address instances of testimony outside the record by means of impeachment of the offending witness or by contradiction using another witness or document.

When true and if asked, witnesses must admit that the "facts" they have testified to are not in their deposition or otherwise in the record: "yes, I did not say that in my deposition." Witnesses may not qualify this response; for example, a witness may not say he or she was not asked about the issue at deposition or that the facts were contained in some portion of the deposition omitted from the record.

Like all officers of the court, who are bound by the Rules of Professional Conduct prohibiting deceit, dishonesty, or misrepresentation, coaches and team members must play fairly and ethically. Invention and use of a material fact outside the record is considered cheating and will result in judges reflecting this in their scoring.

This is a competition about trial advocacy skills—doing what you can with the facts provided and the witnesses in the courtroom. The coordinators will instruct the judges on the significance of facts outside the record and impeachment efforts, and that judges should reflect a violation of this rule in their scoring.

Witnesses

Any witness may be played by a person of either gender. Before the opening statement, each team should notify the other team of the gender of each witness they intend to call and any witness they could call but are choosing not to call.

Expert witnesses are assumed to have access to and have read all documents in the fact pattern. A lay witness can only attest to his or her deposition and related exhibits.

All depositions are signed and sworn. The same attorney conducting direct examination of a witness shall also conduct any redirect examination.

The only lawyer who may object during witness testimony is the lawyer who will be examining that witness.

Witnesses may not be recalled. Witnesses will not be sequestered.

JURY INSTRUCTIONS

The instructions provided in the fact pattern are the only instructions that will be given. The instructions are the only statements of the applicable substantive law. Instructions will not be eliminated or modified. No additional instructions may be tendered or will be given.

EXHIBITS

Participants are free to enlarge any diagram, statement, exhibit, or portion of the fact pattern if it is identical to the item enlarged, or if any changes provide no advantage to the party intending to use it.

Teams may create demonstrative aids during trial (e.g., timelines on a flipchart, simple drawings) for the purposes of illustrating testimony or argument. Teams may also use demonstrative aids that were created before trial (e.g., PowerPoint charts, timelines, case exhibits with callouts, highlights or other emphasis) as long as they are displayed electronically and disclosed to opponents at least 30 minutes before trial. Nothing in this rule permits teams to create new exhibits or evidence.

No charts or drawings may reflect facts outside the record.

All exhibits are stipulated as authentic and genuine for purposes of trial.

SCORING CRITERIA

Performances at trial will be evaluated by a panel of three or more judges and/or attorneys, one of whom will preside as the trial judge, with the others sitting as jurors. To the extent that there are more than three scoring judges, all scores may be used. This may result in teams being awarded fractions of votes and points. The most a team can win is three votes and 180 points per trial.

An example of this would be as follows: Team A is in a trial with five judges, with all judges' votes and points counting. Team A wins the trial, with 4 votes in favor of A's side. Team A is awarded the following point totals from each judge: 55, 57, 53, 58, and 48. Team A's votes and points are calculated using the formula below:

Votes: $4 \times .6$ (3/5 to equalize to three votes) = 2.4

Points: $271 \times .6$ (3/5 to equalize to a portion of 180 possible) = 162.6

To the extent a courtroom has three or more judges, the trial judge may elect not to participate in scoring. The trial judge will rule on any objections or motions for judgment as a matter of law.

Each member of the jury may award up to ten points in each phase of trial for each party. A sample score sheet is attached.

If at the end of the trial, an evaluator awards the same number of points to both the plaintiff and the defendant, the evaluator will award one additional point to either the plaintiff or the defendant for effectiveness of objections and/or overall case presentation in order to break the tie. There is a section on the score sheet where evaluators can indicate who should win the trial in the event of a tie.

Evaluators have been instructed not to score teams on the merits of the case.

The following criteria for scoring trial performances are set forth to assist both judges and student advocates. Evaluators are not limited to these criteria and may consider other aspects of strategy, technique, and so forth, which they view as important.

Evaluator Shortage

For each match, there must be three votes from evaluators. In the event that, due to circumstances beyond AAJ's control, there are not three evaluators in a particular match, "ghost" evaluator(s) will be used to score the round. The vote of a ghost evaluator is determined by calculating the average of all other evaluators in the session.

Suggested Evaluation Criteria

OPENING STATEMENT

Did Counsel:

1. Generally confine statement to an outline of the evidence that would be presented?
2. Clearly present counsel's theory of the case?
3. Persuasively present counsel's theory of the case?
4. Personalize self and client?
5. Allow opposing attorney to make argument during opening statement?
6. Make unnecessary objections?

EXAMINATION OF WITNESSES

Did Counsel:

1. Ask questions that generated minimal valid objections?
2. Make/fail to make objections with tactical or substantial merit?
3. Respond appropriately to objections?
4. Know the rules of evidence and express that knowledge clearly?
5. Develop rapport with the witness?
6. Maintain appropriate general attitude and demeanor?
7. Address the court and others appropriately?

8. Demonstrate awareness of ethical considerations?

Did Direct-Examiner:

9. Use leading questions unnecessarily?
10. Develop testimony in an interesting and coherent fashion?
11. Follow up on witness' answers?
12. Present the witness in the most favorable light?

Did Cross-Examiner:

13. Appropriately use leading questions?
14. Control witness?
15. Follow up on answers and elicit helpful testimony?
16. Use impeachment opportunities?

CLOSING ARGUMENT

Did Counsel:

1. Present a cohesive theory of the case, pulling all the positive arguments together?
2. Deal effectively with the weakness(es) in his or her own case?
3. Make an argument that was persuasive?
4. Have an effective style of presentation?
5. Utilize the law effectively in the argument?
6. Inappropriately interrupt the argument of the opposing counsel?
7. Properly confine rebuttal to rebuttal matters?
8. Effectively counter the opponent's speech in rebuttal

Discrepancies in Remaining Match Time

Often, bailiffs are unavailable to keep time for rounds. In such cases, one or more judges in each match should be instructed to keep time according to the timekeeping rules. Additionally, judges may ask the respective teams to assist with this process. Teams may also keep track of time used for their own purposes. They may not, however, report their time used or that of an opposing team to the bailiff or judge for any purpose, unless they were instructed to do so. Moreover, time use improperly reported by any team may not be considered or used by a bailiff or judge for any purpose.

Notwithstanding this limitation, in the event that the match judge or judges declare the time remaining as less than the team requires for closing or other parts of the trial, the coach or team member (whoever records the time discrepancy¹) should immediately consult with the Regional Coordinator during the break, who should then evaluate the circumstances and decide the amount of time remaining. Neither the team coach nor the team member should discuss the discrepancy with the match judge. Should the team be unable to consult with the Regional Coordinator before completion of the trial and the team requires additional time to complete the trial, the team may elect to complete the trial beyond the time allotted. When the trial is complete, the time will be evaluated by the Regional Coordinator. The team will lose two points from the number of total overall points for that round (as tallied on the 'Trial Score Sheet') for every five minutes—or fraction thereof—of time in excess of its allotment.

¹ Note that coaches and team members may not communicate during rounds

Viewing of Score Sheets by Teams

Viewing of the score sheets is done at the discretion of the Regional Coordinator. Each team will have the right to view their score sheets for each round. Team coaches may only view score sheets once the third round has commenced. This should be done one team at a time. Participating students should be unaware of how they were scored until the qualifying rounds are completed, and the semi-final teams are announced. If team coaches require a copy of their score sheets, they should notify the Regional Coordinator and email AAJ staff.



**2021 STUDENT TRIAL ADVOCACY COMPETITION (STAC) JUDGE'S
SCORE SHEET**

Teams are to be scored on their trial skills only, NOT on the merits of the case.

Do not give half-points. Do not tie teams. There must be a winner.

**Do not write your name on this score sheet, and do not share your
score with the participating students or coaches.**

ROUND:

REGIONAL LOCATION: _____

TEAM _____ -- PLAINTIFF

Good

Average

Poor

Opening Statement	10	9	8	7	6	5	4	3	2	1
Direct Exam of Plaintiff's Lay Witness	10	9	8	7	6	5	4	3	2	1
Direct Exam of Plaintiff's Expert Witness	10	9	8	7	6	5	4	3	2	1
Cross Exam of Defendant's Lay Witness	10	9	8	7	6	5	4	3	2	1
Cross Exam of Defendant's Expert Witness	10	9	8	7	6	5	4	3	2	1
Summation	10	9	8	7	6	5	4	3	2	1

Total points awarded to PLAINTIFF _____

TEAM _____ -- DEFENDANT

Good

Average

Poor

Opening Statement	10	9	8	7	6	5	4	3	2	1
Cross Exam of Plaintiff's Lay Witness	10	9	8	7	6	5	4	3	2	1
Cross Exam of Plaintiff's Expert Witness	10	9	8	7	6	5	4	3	2	1
Direct Exam of Defendant's Lay Witness	10	9	8	7	6	5	4	3	2	1
Direct Exam of Defendant's Expert Witness	10	9	8	7	6	5	4	3	2	1
Summation	10	9	8	7	6	5	4	3	2	1

Total points awarded to DEFENDANT _____

In the event of an inadvertent tie, please indicate the letter of the team who should win the trial _____



AMERICAN ASSOCIATION FOR JUSTICE

MISSION

The Mission of the American Association for Justice is to promote a fair and effective justice system—and to support the work of attorneys in their efforts to ensure that any person who is injured by the misconduct or negligence of others can obtain justice in America’s courtrooms, even when taking on the most powerful interests.

ABOUT TRIAL LAWYERS

Trial lawyers ensure access to the civil justice system for the powerless in America: working families, individual workers, and consumers who often lack the resources to take their grievances to court.

Trial lawyers play a valuable role in protecting the rights of American families. They champion the cause of those who deserve redress for injury to person or property; they promote the public good through their efforts to secure safer products, a safe workplace, a clean environment and quality health care; they uphold the rule of law and protect the rights of the accused; and they preserve the constitutional right to trial by jury and seek justice for all.

Some of the types of cases our attorneys handle include:

- A child paralyzed after being struck by a drunk driver;
- A young woman unable to have children because of a medical mistake;
- A person denied a promotion due to racial discrimination;
- An elderly man injured in a nursing home; and,
- A community whose water was made toxic by a local manufacturer.

ABOUT AAJ

As one of the world’s largest trial bars, AAJ promotes justice and fairness for injured persons, safeguards victims’ rights—particularly the right to trial by jury—and strengthens the civil justice system through education and disclosure of information critical to public health and safety. With members worldwide, and a network of U.S. and Canadian affiliates involved in diverse areas of trial advocacy, AAJ provides lawyers with the information and professional assistance needed to serve clients successfully and protect the democratic values inherent in the civil justice system.

Six Benefits

to American Association for Justice Law Student Membership You Can Put to Work Today!

1.

Network with America's premier trial lawyers through **AAJ's Membership Directory**.

2.

Trial magazine's digital version gives you the latest developments in civil litigation, current tort and consumer law verdicts, and other career-enhancing information.

3.

AAJ's annual **Student Trial Advocacy Competition (STAC)** gives you the opportunity to participate in the nation's premier mock trial before sitting judges and practicing trial lawyers.

4.

AAJ Annual and Winter Conventions allow you to attend information-packed workshops and Continuing Legal Education (CLE)-approved education sessions on all aspects of trial law from those at the top of their field. You will have the opportunity to attend social events and meet attorneys in all stages of their professional careers. Visit www.justice.org/convention to learn more.

5.

Attend select **AAJ Continuing Legal Education** courses for only the price of the reference materials. AAJ Education seminars and teleseminars will give you insight into different practice areas, how to be an effective advocate, and prepare you for life after law school.

6.

AAJ Law Student Member scholarships and awards help you pay down student loans. Start laying the groundwork today for the successful career you look forward to tomorrow. Visit www.justice.org/lawstudents for information on law school scholarships and networking opportunities.

For just **\$15 a year**, you can invest in an American Association for Justice, formerly the Association of Trial Lawyers of America (ATLA®), Law Student Membership. That's a small price to pay for the kind of trial lawyer contacts, educational opportunities, and access to information you'll enjoy as a member of the world's largest trial lawyer bar.



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American Association for Justice Law Student Member Scholarships and Awards

The Richard D. Hailey Law Student Scholarship

AAJ's Minority Caucus awards \$5,000 scholarships to first-, second-, and third-year African American, Hispanic, Asian American, Native American, and Biracial Law Student Members.

Trial Advocacy Scholarship

Open to all second- and third-year AAJ Law Student Members, this \$3,000 scholarship is awarded to the applicant who best demonstrates the following: commitment to AAJ and its mission; a desire to represent victims; interest and skill in trial advocacy; and financial need.

Leesfield Scholarship

Sponsored by AAJ and AAJ member Ira Leesfield, this scholarship awards \$2,500 to a Law Student Member to subsidize attendance at AAJ's Annual Convention. Available to first- and second-year AAJ Law Student Members.

Mike Eidson Scholarship

The Mike Eidson Scholarship Fund was established by the AAJ Women for Justice Education Fund in 2008, in honor of AAJ Past President Mike Eidson, whose vision and generosity inspired it. The Scholarship awards \$5,000 annually to a female student entering their third year of law school (the student can be enrolled in a three-year day program or four-year night program) who has demonstrated a commitment to a career as a trial lawyer, along with dedication to upholding and defending the principles of the Constitution, and to the concept of a fair trial, the adversary system, and a just result for the injured, the accused, and those whose rights are jeopardized.

Visit www.justice.org/lawstudents for more information on law school scholarships.



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2021 AAJ STAC Fact Pattern

CARSON GRAY

v.

DARREN RYAN

**Prepared by A. Michael Gianantonio
of Robert Peirce & Associates**

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IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF STEELTON

CARSON GRAY;

Plaintiff,

GD No.: 17-01081977

v.

DARREN RYAN;

Defendant.

COMPLAINT

AND NOW, comes Plaintiff, Carson Gray, and files the within Complaint, the following of which is a statement:

I. PARTIES

1. Plaintiff, Carson Gray, is an adult individual residing at 5064 Yoh Avenue, Steelton, in the District of Steelton.
2. Defendant, Darren Ryan is an adult individual residing at 37 Silver Lane, Steelton, in the District of Steelton.

II. FACTS

3. In the later afternoon hours of September 4, 2017, Carson Gray was in a parking space on Webster Street in Penn's Woods.
4. The parking space was on-street parking and Carson Gray's motorcycle was legally parked in the on-street parking space.
5. At the same time, a motor vehicle being driven by Darren Ryan was making a right from Pennsylvania Avenue and continued onto Webster Street.

6. Then, without warning, Darren Ryan's vehicle violently swerved into the parking lane, apparently attempting to park in a space adjacent to the parking space where Carson Gray's motorcycle was parked.

7. Carson Gray had not moved from the parking space where the motorcycle was parked, when suddenly, and without warning, Darren Ryan's vehicle violently struck Carson.

8. As a result of the collision, Carson suffered multiple injuries including, but not limited to, a fractured right tibia, a fractured right femur, a fractured left tibia, a fractured pelvis, and a closed head injury.

9. All of Carson's injuries were caused by the negligence of Darren Ryan.

COUNT I

Negligence

10. Plaintiff incorporates by reference all previous Paragraphs of the Complaint as if set forth in their entirety herein.

11. As a motorist on a public thoroughfare, Darren Ryan owed Carson a duty of care.

12. Darren Ryan breached its duty to Carson insofar as:

- a. In driving the vehicle at an excessive, reckless and dangerous rate of speed under the circumstances;
- b. In failing to have the vehicle under the proper control;
- c. In failing to obey the rules of the road;
- d. In failing to keep a proper look-out;

- e. In failing to operate the brakes in such a manner that the vehicle could be stopped before colliding with the Plaintiff's vehicle;
- f. In failing to observe the condition of the highway and the traffic thereon;
- g. In failing to observe with reasonable care the traffic and road conditions including the location of the Plaintiff's vehicle;
- h. In failing to avoid the accident by changing the direction of the vehicle;
- i. In failing to bring the vehicle to a stop behind the Plaintiff's vehicle while Plaintiff was legally stopped;
- j. In failing to maintain an assured clear distance between Plaintiff's vehicle and Defendant's own vehicle; and
- k. In failing to avoid the accident by applying the brakes.

13. Defendant directly and proximately harmed Carson when Defendant struck Carson on September 4, 2017.

14. As a result of this collision, Carson suffered significant and severe injuries.

WHEREFORE, Plaintiff demands judgment against Defendant, in an amount in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs; and for such other relief as this Court seems fit to award.

A JURY TRIAL IS DEMANDED

Respectfully submitted

/s/ Luna Swatkins
Attorney for Plaintiff

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF STEELTON

CARSON GRAY;

Plaintiff/Counterclaim Defendant,

GD No.: 17-01081977

v.

DARREN RYAN;

Defendant/Counterclaim Plaintiff.

ANSWER, AFFIRMATIVE DEFENSES, AND COUNTERCLAIM

AND NOW, comes Defendant, Darren Ryan, and files the within Answer, Affirmative Defenses and Counterclaim, the following of which is a statement:

ANSWER

1-2. The averments of Paragraphs 1 through 2 of Plaintiff's Complaint are admitted.

3-7. The averments of Paragraphs 3 to 7 of Plaintiff's Complaint are denied. Plaintiff was not in the parking space at the time of the accident; rather, Plaintiff, without warning or indication, drove directly into the path of Darren Ryan's car causing Darren to suffer injury.

8. Upon reasonable investigation and inquiry, Darren is without information sufficient to form a belief as to the truth of the averments of Paragraph 8. As such, such averments are deemed denied.

9. As the averments of Paragraph 9 of Plaintiff's Complaint constitute conclusions of law, no responsive pleading is required.

10. As the averments of Paragraph 10 of Plaintiff's Complaint are an incorporation Paragraph, no responsive pleading is required.

11. As the averments of Paragraph 11 of Plaintiff's Complaint constitute conclusions of law, no responsive pleading is required.

12-14. As the averments of Paragraphs 12-14 of Plaintiff's Complaint constitute conclusions of law, no responsive pleading is required. By way of further response, Darren incorporates Defendant's Counterclaim, which is set forth herein, as is stated in its entirety.

WHEREFORE, Defendant, Darren Ryan, respectfully requests that this Honorable Court enter judgment against Plaintiff and dismiss Plaintiff's Complaint in its entirety

AFFIRMATIVE DEFENSES

1. Plaintiff's Complaint fails to set forth a cause of action upon which relief may be granted.
2. Plaintiff's Complaint is barred by Plaintiff's own negligence.
3. Plaintiff's claims were caused or contributed by the superseding and intervening acts of persons, entities, or circumstances beyond the control of Defendant.
4. Plaintiff failed to adhere to Steelton's traffic laws.
5. Plaintiff was an unlicensed motorcycle driver.
6. Plaintiff was not wearing a helmet at the time of the collision.
7. Defendant owed no duty to Plaintiff.

WHEREFORE, Defendant, Daren Ryan, respectfully requests that this Honorable Court enter judgment against Plaintiff and dismiss Plaintiff's Complaint in its entirety.

COUNTERCLAIM

1. Defendant incorporates the allegations of the preceding Paragraphs as if set forth in their entirety herein.

2. On September 4, 2017, Darren was carefully and lawfully driving on Webster St., when, all of sudden, a motorcycle driven by Carson Gray darted into the street as Darren was attempting to park.

3. The motorcycle did not signal or otherwise indicate that it was about to enter traffic.

4. As a motorist on a public thoroughfare, Carson Gray owed Darren a duty of care.

5. Carson Gray breached Carson's duty to Darren insofar as:

- a. In negligently exiting a parking space;
- b. In failing to have the vehicle under the proper control;
- c. In failing to obey the rules of the road;
- d. In failing to keep a proper look-out;
- e. In failing to use a turn signal;
- f. In failing to observe the condition of the highway and the traffic thereon;
- g. In failing to observe with reasonable care the traffic and road conditions including the location of Darren's vehicle;
- h. In failing to avoid the accident by changing the direction of the vehicle;
- i. In failing to utilize mirrors or otherwise keep a lookout of vehicular traffic; and,
- j. In violating Steelton traffic laws.

6. Carson Gray directly and proximately harmed Darren when Carson Gray pulled in front of Darren on September 4, 2017.

7. As a result of the sudden braking, Darren sustained several cervical fractures and a closed head injury.

WHEREFORE, Darren Ryan demands judgment against Carson Gray, in an amount in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs; and for such other relief as this Court seems fit to award.

A JURY TRIAL IS DEMANDED

Respectfully submitted

/s/ Allie Blue
Attorney for Defendant/Counterclaim
Plaintiff

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF STEELTON

CARSON GRAY;

Plaintiff/Counterclaim Defendant,

GD No.: 17-01081977

v.

DARREN RYAN;

Defendant/Counterclaim Plaintiff.

**ANSWER TO COUNTERCLAIM AND
AFFIRMATIVE DEFENSES TO COUNTERCLAIM**

AND NOW, comes Plaintiff, Carson Gray and files the within Answer to Affirmative Defenses and Affirmative Defenses to Counterclaim, the following of which is a statement:

ANSWER TO COUNTERCLAIM

1. The averments of Paragraph 1 of Defendant's Counterclaim constitute an incorporation paragraph that does not require a response.

2. The averments of Paragraph 2 of Defendant's Counterclaim are denied. Carson never drove the motorcycle, nor did Carson pull the motorcycle in front of Defendant's vehicle.

3. The averments of Paragraph 3 of Defendant's Counterclaim are denied. Carson did not signal because Carson was not operating, driving or otherwise using the motorcycle.

4-5. As the averments of Paragraphs 4-5 of Defendant's Counterclaim constitute conclusions of law, no responsive pleading is required. As such, the averments are deemed denied.

6. The averments of Paragraph 6 of Defendant's Counterclaim are denied. Carson never drove the motorcycle, nor did Carson pull the motorcycle in front of Defendant's vehicle.

7. As the averments of Paragraph 7 of Defendant's Counterclaim constitute conclusions of law, no responsive pleading is required. As such, the averments are deemed denied.

AFFIRMATIVE DEFENSES

1. Defendant's Counterclaim fails to set forth a cause of action upon which relief may be granted.

2. Defendant's Counterclaim is barred by Defendant's own negligence.

3. Defendant's claims were caused or contributed by the superseding and intervening acts of persons, entities, or circumstances beyond the control of Plaintiff.

4. Defendant failed to adhere to Steelton's traffic laws and committed negligence per se.

WHEREFORE, Plaintiff, Carson Gray, respectfully requests that this Honorable Court enter judgment against Defendant and dismiss Defendant's Counterclaim in its entirety.

A JURY TRIAL IS DEMANDED

Respectfully submitted

/s/ Luna Swatkins
Attorney for Plaintiff

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF STEELTON

CARSON GRAY;

Plaintiff/Counterclaim Defendant,

GD No.: 17-01081977

v.

DARREN RYAN;

Defendant/Counterclaim Plaintiff.

STIPULATIONS

AND NOW, comes the parties to this matter, and file the within Stipulations to be used at trial, which shall have the binding effect of being taken as established facts if so offered:

1. On September 4, 2017, Carson Gray did not possess a valid motorcycle license.
2. Steelton motor vehicle law requires a motorcycle driver to possess a valid motorcycle license.
3. As of September 4, 2017, Carson Gray had completed all safety training and courses required to obtain said license.
4. Carson Gray received a motorcycle license on August 11, 2018.
5. Carson Gray had a valid Steelton automobile license.
6. Steelton motor vehicle law requires licensed motorcycle drivers of less than two years of driving experience to wear a helmet.
7. The District Court for the District of Steelton follows the Federal Rules of Evidence.

8. The District Court for the District of Steelton follows the Federal Rules of Civil Procedure.

9. The depositions are signed and sworn to by each respective deponent as being accurate and authentic.

18. Plaintiff must call Carson Gray and Tony Stork as witnesses.

19. Defendant must call Darren Ryan and Nat Romanov, as witnesses.

20. This case has been bifurcated into a liability phase and a damages phase.

For purposes of this trial, the parties will try the liability phase only.

21. Parties may pursue any affirmative defenses pled, but parties are not required to pursue all affirmative defenses pled.

22. All exhibits are authentic.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF STEELTON

CARSON GRAY;

Plaintiff,

GD No.: 17-01081977

v.

DARREN RYAN;

Defendant.

JOINT EXHIBIT LIST

AND NOW, comes the parties to this matter, by and through their respective counsel, and submit the following proposed joint exhibit list. The parties agree the identified exhibits are authentic but subject to objection on other evidentiary grounds under the pertinent rules of evidence.

1. Motorcycle title certificate for Carson Gray.
2. Medication fact sheets for clonazepam, paroxetine, and alprazolam.
3. September 4, 2017 Police Report.

1 **Deposition of Carson Gray**

2 And now, this 6th day of June, 2020, Carson Gray, being duly sworn by the undersigned appeared at the
3 offices of MurdockPunxy, LLP, for the purposes of deposition by oral questioning.

4 (Questioning by Allie Blue)

5 Q. Good morning. We met earlier today before your deposition, but for purposes of the record, can you
6 please state your name?

7 A. Sure, my name is Carson Gray.

8 Q. Carson, have you ever been deposed before?

9 A. No.

10 Q. Have you ever given testimony before in a civil or criminal case?

11 A. What is the difference? I am not sure I understand.

12 Q. Okay, sure. A civil case is like the case you filed against my client. A criminal case is a case in which
13 you are accused of violating a law.

14 A. Okay, I have testified at a criminal case before.

15 Q. What was the nature of that case?

16 A. I was charged with driving under the influence a few years back.

17 Q. Were you convicted?

18 A. No, halfway through my trial it was determined because I was first time offender, I was eligible for a
19 something called the accentuated rehab program.

20 By Ms. Swatkins

21 Q. You mean the accelerated rehabilitative disposition program, ARD?

22 A. Yes.

23 By Ms. Blue

24 Q. Okay, so you were admitted into the ARD program. Do you know what that means?

1 A. From what I understand I was never convicted of a crime, and because I met all of the requirements of the
2 program, my record has been expunged. I have been sober for three years now.

3 Q. Alright, are there any other testimony or lawsuits that you have been a part of?

4 A. No.

5 Q. Great. So, there are a couple of ground rules that I would like to set up before we begin. First, when I
6 ask you a question, I expect you to tell me what you know when you answer that question. I do not want
7 to you guess or speculate, okay?

8 A. Sure.

9 Q. If you answer one of my questions, we can agree that you have provided a full answer, right, and that you
10 are not leaving anything out?

11 A. Okay. I agree.

12 Q. If you do not hear me or the question that I ask, please ask me to repeat it and I will be happy to do so,
13 alright?

14 A. Yes.

15 Q. Similarly, if I ask you a question and you do not understand it, please ask me to rephrase my question.
16 Can you do that?

17 A. I can.

18 Q. Anytime that you answer one of my questions, I am going to assume that you both heard and understood
19 the question I asked, is that fair?

20 A. Yes.

21 Q. Okay, let's start with the hard questions, how old are you?

22 A. I am 32.

23 Q. So, at the time of the accident you would have been 29?

24 A. Yes.

25 Q. And when were you born?

1 A. January 8, 1988.

2 Q. Where do you currently live?

3 A. 5064 Yoh Avenue in Steelton.

4 Q. Is that the same address you lived at when you were involved in the accident in September 2017?

5 A. Yes.

6 Q. How long have you been at that address?

7 A. Just about three years. I moved there right before the accident from my hometown of Asbury Park.

8 Q. How far away is Asbury Park?

9 A. I'd say about a thousand miles or so. It's back east.

10 Q. Had you ever been to Steelton before?

11 A. No. I was looking to make a clean start. I got a job here working for Dr. Googlay.

12 Q. Who is Dr. Googlay?

13 A. It is actually a what. Dr. Googlay is a website that people can use to check their medical symptoms and
14 get information about various medical conditions and medications and things like that.

15 Q. What do you do at Dr. Googlay?

16 A. I am in advertising. I sell advertising space to companies that may be interested in advertising on the site.

17 Q. Is this something you have been trained to do?

18 A. Yes, I went to college where I majored in marketing and minored in Spanish. I then went to work for
19 Rick's, which is a sporting goods store, which is where I worked until when I moved to Steelton.

20 Q. You mentioned earlier that you moved here to get, I think you said, a clean start. Can you explain what
21 you mean by that?

22 A. Sure, I just felt like I was in a rut. I was not happy with my life and I started finding comfort in drinking.
23 I was in a long-term relationship and when my partner left me, I really went into a tailspin. I was drinking
24 every night, and then I got pulled over after I had a couple too many at the bar.

25 Q. I see, and you mentioned that you no longer drink?

1 A. That is correct. I started seeing a counselor and I was diagnosed with depression and anxiety. I began
2 taking Paxil for the depression, and I would take Klonopin on a daily basis to help with the anxiety. I also
3 have prescription for Xanax, but I only take that if I am having a panic attack.

4 Q. Were you taking these medications at the time of the accident?

5 A. Well, I take my Paxil and Klonopin every morning when I wake up. I did not take any Xanax that day.

6 Q. It is my understanding that your prescription bottle for Xanax was found at the accident scene, can you
7 explain that?

8 A. Well, yeah, I mean, I always have some with me. Panic attacks are not something that you can tell are
9 going to happen.

10 Q. So you are sure that you did not take any Xanax that day.

11 A. 100%. It had been some time since I had panic attack prior to the accident.

12 Q. Do you have them now?

13 A. Almost daily, ever since the accident. I probably have two or three a week.

14 Q. And do you know why?

15 A. I believe it is trauma from the accident. There are times that I am in traffic and all of sudden I just start to
16 lose it.

17 Q. How do you handle it?

18 A. I take a Xanax. That is why I have them.

19 Q. Well, do you continue to drive after taking the medication?

20 A. I do.

21 Q. Well, is that something you should be doing on that type of medicine?

22 A. I have never had anybody tell me not to. It does not affect my ability to drive.

23 Q. Have you been in any other motor vehicle accident since September 2017?

24 A. Yes, one, I hit a patch of ice and lost control of my vehicle. It wasn't anything major, but it was scary.

25 Q. And what type of vehicle do you drive now?

1 A. That depends. In the summer and nice days in the fall and spring I drive my motorcycle. On days that
2 the weather does not permit, I will drive my car.

3 Q. And it is also my understanding that you have received some traffic citations related to your motorcycle
4 driving, is that accurate?

5 A. It is not. I had one citation.

6 Q. What was that for?

7 A. Driving without a helmet, which is completely false.

8 Q. Why is it false?

9 A. I had just pulled into Portini Sisters to get a sandwich. I took my helmet off and a cop showed up and
10 gave me a ticket. Said he been following me for a couple of blocks and that I was not wearing a helmet.
11 He must have had me confused with somebody else.

12 Q. Well did you challenge the citation?

13 A. I did, but you can't fight city hall. The traffic court judge said it was a he said/she said argument, and she
14 found in favor of the cop. Big surprise there.

15 Q. And when did this happen?

16 A. About six months ago.

17 Q. Okay, and before we move on to the day of the accident, there is one last thing I want to ask you about.
18 You mentioned a few times you moved to Steelton to get a clean start. Did you have any problems at your
19 job at Rick's?

20 A. No. Not once. I worked there for five years without a single complaint about me. I received a raise and
21 a bonus every year.

22 Q. Okay. Thank you. Let's move on to the day of the accident. It's my understanding that at the time of the
23 accident, you were not licensed to operate a motorcycle in Steelton, is that correct?

24 A. Yes.

25 Q. And yet when you were struck, you were sitting on a motorcycle, correct?

1 A. That is correct, but I was not operating the motorcycle.

2 Q. Let's talk about that. First, the motorcycle you were sitting on was registered in your name, right?

3 A. Yes.

4 Q. And it was titled in your name as well, right?

5 A. Yes, I purchased it. I had recently received a pretty decent bonus from Dr. Googlay because I made a big
6 sale to Perdue. I had always wanted a motorcycle, so I went out and bought one. I guess I got ahead of
7 myself as I had not been licensed to drive one, and I had to take the test.

8 Q. Did you ever drive a motorcycle before?

9 A. When I was a kid and into my teens I was pretty big into dirt bike racing.

10 Q. Do you mean BMX?

11 A. No, I mean real dirt bike racing. So, for a very long time, I was riding dirt bikes, which are essentially
12 motorcycles specifically made for racing on dirt tracks.

13 Q. And you do not need a license to ride them?

14 A. No, not at that age, and those types of racing.

15 Q. So how did you get the motorcycle home if you did not have a license?

16 A. The dealership was nice enough to deliver it to my house.

17 Q. And when did you take your license test?

18 A. About three weeks after the motorcycle was delivered.

19 Q. But you did not drive the motorcycle prior to that?

20 A. No, I did not. It would have been illegal.

21 Q. Where was the test?

22 A. At the Steelton Department of Motor Vehicles testing center.

23 Q. How far away from your home is that?

24 A. About three miles.

25 Q. And how did you get the motorcycle to the testing center?

1 A. I have a good friend I worked with at Dr. Googlay who drove it for me.

2 Q. And does this good friend have a name?

3 A. Yes. Tony Stork.

4 Q. Did Tony have a license?

5 A. Yes, but Tony did not have a motorcycle, so after I did not pass the test, I let Tony keep it until I did.

6 Q. And you answered one of my questions, which is I understand that you did not pass the motorcycle
7 licensing exam, right?

8 A. That is correct. I failed by a point. It was really disheartening.

9 Q. And it is my understanding that Tony kept the vehicle until the time of the accident, correct?

10 A. Yes.

11 Q. So, what were you doing on it at the time of the accident?

12 A. I was just sitting on it. Thinking about what it would be like to get out on the road. I needed some
13 motivation for the test.

14 Q. You would agree with me that the motorcycle was on, right?

15 A. It was on. Tony had just pulled into the spot about five minutes before the accident and I wanted to sit on
16 it while it was running. It wasn't in gear, and I had no intention of taking it for a ride.

17 Q. You are aware that a witness in the police accident report told the investigating officer they had seen you
18 remove the kick stand and it appeared that you began to pull out into traffic?

19 A. I am aware of that, but it did not happen. I don't have a license.

20 Q. And to be clear, you were not wearing a helmet at the time you were struck?

21 A. Well, considering that I was not planning on riding it, no, I was not.

22 Q. You are aware there was not a helmet found at the scene either, right?

23 A. I have no idea. I really can't tell you one way or the other.

24 Q. Do you know if Tony was wearing a helmet when he pulled up?

25 A. I don't know.

1 Q. Really? You seem to remember everything else about that day, but you can't remember that?

2 A. I told you, I don't remember.

3 Q. Tell me what you remember about the conditions that day.

4 A. What do you mean conditions?

5 Q. What time of day was it? What was the weather like? Was it still light outside? Those types of things.

6 A. It was after work. I leave around 5:30 p.m. every day unless I have project or something big that I am
7 working on.

8 Q. Let me stop you right there. Do you know if you left work around 5:30 p.m. that day?

9 A. I don't know for sure.

10 Q. Well, do you know if you were working on a project or anything that would have required you to stay
11 later?

12 A. Not that I recall.

13 Q. Alright, what was the weather like?

14 A. It was a sunny, warm day. I remember being really hot, but I do not recall the exact temperature.

15 Q. Do you know what time you met Tony?

16 A. It must have been around 6:00 p.m. I walked to the spot where I was meeting Tony, and it is about a half
17 an hour walk.

18 Q. How do you know you walked?

19 A. I remember it being a nice day and thinking that since fall and winter were coming, there might not be too
20 many more like it, so I wanted to get out and enjoy it while the weather held up.

21 Q. Do you remember if it was still sunny, or was it starting to get dark?

22 A. It was still sunny outside. It usually does not start getting dark around here until around 8:00 p.m. at that
23 time of year.

24 Q. Did you get to your meeting location at the same time as Tony?

1 A. No. Tony pulled up where I was waiting. Tony wanted to grab a beer and talk, so I agreed to hang out
2 and listen. Because Tony brought my motorcycle, I decided to just sit on it for a minute or two.

3 Q. I thought you said you were sober?

4 A. I am. Just because Tony wanted a beer doesn't mean I needed to drink one.

5 Q. But you were still meeting Tony at a bar?

6 A. Yes.

7 Q. And after you got on the bike, what happened?

8 A. Well, the bike was facing forward, so I could not see behind me, which is the direction that car that hit me
9 came from. At that point I remember Tony saying, "Hey, what are you doing?" I turned around and I
10 saw a car flying . Before I knew what happened, I woke up in the hospital.

11 Q. Do you remember where the motorcycle was parked?

12 A. Yes. It was in a space on the street.

13 Q. Were there other cars parked on the street?

14 A. Yes, street parking was available on both sides of the street.

15 Q. Do you remember if there was a car parked in front of you?

16 A. I do not.

17 Q. Tell me about your injuries. What happened as a result of the collision?

18 A. I broke both of my legs. Dislocated my sacroiliac joint, that's what connects your pelvis to your spine,
19 and I suffered a significant closed head injury. I was unable to work for six months because of the pain I
20 was in.

21 Q. Have you recovered from your injuries as of today?

22 A. I suppose, I mean, I am still sore every now and then, and sometimes I walk with a limp. Also, I think I
23 mentioned it earlier, I have more frequent panic attacks.

24 Q. So, if the accident did not happen, when were you scheduled to take motorcycle license test next?

25 A. On September 5, 2017.

1 Q. And it is my understanding that you were eventually able to pass the test, is that correct?

2 A. I did. Once I healed from all my injuries and completed all of my physical therapy, I was able to pass the
3 test with flying colors the next time that I took it.

4 WHEREUPON the deposition was concluded.

1 **Deposition of Darren Ryan**

2 And now, this 11th day of June, 2020, Darren Ryan, being duly sworn by the undersigned appeared at
3 the offices of the Swatkins Law Firm, for the purposes of deposition by oral questioning.

4 (Questioning by Luna Swatkins)

5 Q. Good afternoon Darren.

6 A. Hello.

7 Q. We are here today to take your deposition in the case involving Carson Gray. Is this the first time that
8 you have given deposition testimony?

9 A. Yes, this is my first time I have had any legal troubles.

10 Q. Well, relax, you have insurance for a reason, right?

11 A. I guess so.

12 Q. How old are you?

13 A. I am 21.

14 Q. So you would have been 18 at the time this all happened?

15 A. Yes.

16 Q. Darren, where do you live?

17 A. Um...Steelton.

18 Q. Okay, but what is your address?

19 A. Oh, 37 Silver Lane.

20 Q. Is this where you lived at the time you hit Carson?

21 A. Wait, Carson pulled out in front of me. You make it sound like I had a choice.

22 Q. Do you disagree that you hit Carson?

23 A. No, I don't disagree, but Carson darted out in front of me with no warning. I could not avoid it and I
24 ended up in pretty bad shape because of it.

25 Q. Okay, well, going back to my original question, where did you live at the time of the accident.

1 A. I lived at 37 Silver Lane. I was just getting ready to move.

2 Q. I thought you said you still lived there?

3 A. Well, I did, and I do. I lived there with my grandmother. My parents died in a motorcycle accident, so I
4 stayed with her until I was ready to go to school. Then, this past year, when the Corona virus broke out,
5 I moved back in to help her around the house, since all of my classes were virtual.

6 Q. Where are you going to school?

7 A. I am not anymore, I failed out, but I was going to Steelton Community College.

8 Q. What happened?

9 A. I was partying a little too much. I had hope that if I moved back home, I might do better in my classes.

10 Q. I thought you said you moved back home to take care of your grandmother?

11 A. Well, I did, and that was part of it. I mean she got me around to help her out, and I got a free place to stay
12 with no distractions.

13 Q. I see. Were you working at the time of the accident?

14 A. No. I really wanted to focus on my schoolwork, plus, I could not find a job that paid more than minimum
15 wage. I mean, I was a college student. My time was certainly worth more than that.

16 Q. On the day of the accident, where were you going?

17 A. I was going to meet a friend at Montana Max's.

18 Q. And at that point, how long had you had your driver's license?

19 A. A little over a year. I think I got it a few months before my 17th birthday. I failed the test a couple of
20 times.

21 Q. Is the test still a written test, followed by a driving test?

22 A. Yes, it is.

23 Q. And which portion of the test did you fail?

24 A. I failed the written portion.

25 Q. You mean the one that tests you on the rules of the road?

1 A. Well, there were a lot of things on that test. Laws, rules and various driving situations. It is a tricky test.

2 Q. So am I to take it that you passed the driving portion of the exam all three times?

3 A. No, I only could take the driving portion of the exam if I passed the written test. So, when I could finally
4 take the driving test, I passed it with flying colors.

5 Q. Okay, so other than failing the written portion of your driving test twice, have you had any other problems
6 related to driving?

7 A. I am not sure what you mean.

8 Q. Have you ever had and tickets or been any other accidents?

9 A. Yes, I have.

10 Q. Which one?

11 A. Both.

12 Q. Okay, can you explain?

13 A. Well, about three months before the incident with Carson, I was involved in a minor fender bender, and I
14 got cited for, I think it was careless driving.

15 Q. Tell me what happened.

16 A. I was running late to pick up a friend, and I sidewiped a car when I was driving there. It wasn't my fault,
17 so I think that is why the judge did not find me guilty of that citation.

18 Q. What do you mean it was not your fault?

19 A. Well, the car was parked way out in the street, and the street was narrow. There was a car coming in the
20 opposite direction and I could not avoid hitting the parked car.

21 Q. Do you know why you were cited for not paying attention?

22 A. The other driver said I was fooling around with my stereo, but I was not. I think he just wanted me to get
23 blamed.

24 Q. And you said you were found not guilty of that citation, right?

25 A. Yes.

1 Q. Were you found guilty of anything?

2 A. Well, the officer agreed to lower the charge to failure to obey a traffic sign if I pled guilty. That way my
3 insurance rates would not go any higher.

4 Q. Do you remember the officer's name?

5 A. I do not.

6 Q. Okay, and any other citations or accidents?

7 A. No.

8 Q. What is Montana Max's?

9 A. It's this bar restauranty type of place.

10 Q. I thought you were only 18 at the time?

11 A. I was, but I did not drink. I was going to get some food. My friend Nat was at the bar and asked me to
12 come down. We were going to eat and play video games or something before I left for school.

13 Q. Does Nat have a last name?

14 A. Romanov.

15 Q. Okay. What time were you supposed to meet Nat?

16 A. Five.

17 Q. And I am correct, this accident happened at 5:30 p.m.?

18 A. Yes, I believe.

19 Q. So you were late?

20 A. Not really.

21 Q. But I thought you were meeting Nat at 5.

22 A. I was, but it's not like we were going on a date or had a job interview. Nat was with some friends and
23 they had some drinks, so I was not too concerned about the time.

24 Q. But, it is my understanding that one of Nat's friends wanted to talk with you about a job?

25 A. Well, yeah.

1 Q. And that person was leaving at 5:30 sharp, right?

2 A. Yes.

3 Q. So weren't you concerned you were going to miss out on a chance at a job?

4 A. Yes, but it was not a major concern. I was also starting school, remember, so I was not sure I could handle
5 a job and study.

6 Q. Okay, so what time did you leave your house?

7 A. About ten after five.

8 Q. And I guess it takes you about twenty minutes to get to Max's, right?

9 A. That is about right.

10 Q. And I take it that when you go to Max's, you end up on Webster St.?

11 A. Yes, about a block away.

12 Q. Are you familiar with Webster St.?

13 A. I am.

14 Q. How so?

15 A. Most of the restaurants in this area of town are located there. Ever since I was a kid, we have been coming
16 to this area of town for food or to hang out.

17 Q. What day was September 4, 2017.

18 A. It was Labor Day, so that would be a Monday.

19 Q. Can you describe what the traffic was like that day?

20 A. It was lighter than normal, by a lot. I would never have been able to get a spot that close to Max's, or
21 anywhere on that street for that matter, on a normal Monday.

22 Q. And the weather?

23 A. I remember it being a pretty nice day. It was still light out. I do know that.

24 Q. Tell us what you remember about driving down the street that day?

25 A. Well, like I said, it was nice day, and it was not busy. I saw a bunch of spots.

1 Q. Did you notice anything else before the accident?

2 A. Well, Nat was outside of the restaurant.

3 Q. Why did you notice that?

4 A. It looked like Nat was walking down the street pretty fast. I know Nat saw me because Nat looked right
5 at the car, and the next the thing I know a motorcycle pulled out in front of me.

6 Q. Well, wait a second, weren't you looking at Nat?

7 A. I was, briefly, and only because Nat was ahead and on my right walking in the same direction that I was
8 travelling.

9 Q. Why weren't you watching the road?

10 A. I was watching the road, I was looking ahead and to the right for a parking space. There were plenty, and
11 then this motorcycle that was parked in the space behind the one that I was going to park in just took off.

12 Q. It just took off?

13 A. Yes.

14 Q. You didn't turn into it?

15 A. No way. I had my turn signal on, and I was slowing down and then it shot out.

16 Q. So, you saw the motorcycle then?

17 A. Yes, right before it took off. There was a person on it without a helmet. It looked like somebody else was
18 close to the space, but it seemed like they were walking away.

19 Q. Are you sure that they were walking away?

20 A. It seemed that way to me. They certainly weren't facing me.

21 Q. So that person did not scream "look out" or something like it?

22 A. Not that I heard. And I had my windows down.

23 Q. How do you remember that you had your windows down?

24 A. My air conditioner in the car did not work, so I had them down. It was still warm that day.

25 Q. What happened next?

1 A. Well, I slammed on the brakes really hard, but there was nothing I could to stop in time. I guess I must
2 have stopped pretty hard, because I had to be taken to the hospital. The doctor told me that I had broken
3 some neck bones and a concussion from how quickly my head jerked forward.

4 Q. Okay, I have no further questions.

5 WHEREUPON the deposition was concluded.

6

1 **Deposition of Tony Stork**

2 And now, this 22nd day of April, 2020, Tony Stork, being duly sworn by the undersigned appeared at
3 the Swatkins Law Offices, for the purposes of deposition by oral questioning.

4 (Questioning by Luna Swatkins)

5 Q. Good morning Tony. I am here to ask you some questions about a motor vehicle accident that occurred
6 on September 4, 2017.

7 A. Okay.

8 Q. Before we begin, I would like to know your address.

9 A. Why?

10 Q. Well, if this matter goes to trial, we may need to reach you to testify.

11 A. What if I don't want to testify.

12 Q. Well, we can just issue a subpoena, and the sheriff could come out to get you if that is the case.

13 A. Geez, okay, I was just curious. I presently live at 1122 Shasta Drive.

14 Q. In Steelton?

15 A. Yes.

16 Q. Okay, and how long have you lived there?

17 A. About ten years now.

18 Q. So, you would have been living there at the time of the accident?

19 A. Yes.

20 Q. Does anybody else live there with you?

21 A. Well, my spouse did until a couple of months ago, but they decided to leave me.

22 Q. I am sorry to hear that.

23 A. Don't be. They say I drink too much, and that I have a dead end job, so they just left. Their loss.

24 Q. Do you?

25 A. Do I what?

1 Q. Drink too much?

2 A. I don't think that's any of your business.

3 Q. Well, from what I understand, you had a couple of a drinks at the time of the accident, so I was just curious.

4 A. Listen, just because I like to go out on the weekends, and holidays and occasional weeknight to have a
5 drink with my pals does not mean I have a drinking problem.

6 Q. I did not say it did. Let's move on.

7 A. Okay.

8 Q. How old are you?

9 A. 38.

10 Q. So at the time of the accident you would have been....

11 A. 35.

12 Q. Okay. And are you presently working?

13 A. I am.

14 Q. Where.

15 A. I actually work at Montana Max's.

16 Q. I thought you worked at Dr. Googlay.

17 A. I did, but there was a holiday party a few months back, and I had a couple beers too many, so the HR
18 department decided I might not be a fit.

19 Q. So, you were terminated?

20 A. No, we agreed to mutually part ways.

21 Q. Okay, so when did you start working at Max's?

22 A. Only a few months ago. The owner joked that I spent so much time there, I might as well work there.

23 Q. I'd like to ask you some questions about the motorcycle accident involving Cars Gray.

24 A. Okay.

25 Q. First, how do you know Carson?

1 A. We've known each other for a very long time. We went to summer camp together in middle school for a
2 couple of years.

3 Q. I thought you were a couple of years older than Carson?

4 A. I was, I mean, am. But we just really liked motocross. Carson was a rider, and I always wanted to try it.

5 Q. And Carson got his job at Dr. Googlay because of you, right?

6 A. Yes. I knew Carson was looking to make a move, and Dr. Googlay was really taking off, and we needed
7 talented people, so I called Carson.

8 Q. What did you tell Carson?

9 A. That this would be a good chance for him to move on and take a better job. It was not a hard sale.

10 Q. Move on from what?

11 A. Carson was not really a self-starter. Carson sometimes need a push, and I thought I would provide that
12 push.

13 Q. Okay, so let's talk about the day of the accident. What did you do that day?

14 A. Well, I do remember it was Labor Day, so we did not have work. I probably would have sat around with
15 my friends playing the new Madden. It just came out the week before.

16 Q. What is Madden?

17 A. It's a football video game. A new version comes out every year. I remember Tom Brady was on the cover
18 and I really hoped he got hit by the Madden Jinx.

19 Q. Okay, what is the Madden Jinx?

20 A. Every year there is football player on the cover of the game. And almost every year, the player on the
21 cover gets hurt. And I did not want to see those guys win another title.

22 Q. What did you do after you finished playing Madden?

23 A. I remember that we went to this new bar that just opened up. It was called Montana Max's. It was Mexican
24 Monday and they had killer tacos and three-dollar margaritas.

25 Q. Was Carson working that day?

1 A. Carson was. Carson likes to work. Carson works too much and never takes a drink. I have been trying
2 to loosen Carson up for a long, long time.

3 Q. So why did you not work that day?

4 A. It was Labor Day. A company holiday. I am not going into work if I do not have to go.

5 Q. It was my understanding that you were meeting Carson there at 6? You were already there?

6 A. Yes.

7 Q. And what time did you get there?

8 A. Around 3 or 4.

9 Q. And you met Carson outside?

10 A. Yes.

11 Q. Why?

12 A. Carson wanted to check out the bike.

13 Q. You mean the motorcycle?

14 A. What did you think I meant, a Schwinn?

15 Q. I am just trying to be clear for the record.

16 A. Yes. The motorcycle.

17 Q. And it is my understanding that Carson walked from Dr. Googlay to meet you?

18 A. Yes.

19 Q. And that is about a 30-minute walk right?

20 A. 30 minutes, no way. More like 10 minutes.

21 Q. And when you met Carson, how much did you have to drink?

22 A. Probably three or four. They water them down when they are on special like that.

23 Q. Did you have any other drinks?

24 A. I had a couple of Coronas. Because you can't have a margarita if you don't have a Corona.

25 Q. I see. Did you eat anything?

1 A. I probably had five or six tacos. They were only a dollar on Mexican Mondays.

2 Q. And this was all before you met Carson?

3 A. Yes.

4 Q. Were you intoxicated?

5 A. Well, I wasn't driving anywhere if that is what you mean.

6 Q. No, it's not. I am trying to understand if you were drunk or not. And by you telling me you were not
7 driving anywhere, I assume the answer is yes.

8 A. I wasn't that bad. I had a bit of a buzz going, but nothing that really impaired me too much.

9 Q. Well, it was enough for you to say you would not drive the motorcycle, right?

10 A. Well, I'm not dumb. Impairment begins with the first drink you know. Besides, Carson could have given
11 me a ride home.

12 Q. How could Carson have given you a ride home if Carson did not have a license?

13 A. Well, it would not be the first time that Carson would have driven the motorcycle without a license.

14 Q. Is this something that Carson did often?

15 A. Not really. Usually just in the parking lot after work. Carson was preparing for the test.

16 Q. Do you know if you needed a license to drive in the parking lot like that?

17 A. I don't know, I mean, how else could you prepare?

18 Q. When you met Carson, what happened?

19 A. Carson was having a bad day. So, I asked Carson, do you want to sit on the bike? It might make you feel
20 better. And, Carson hopped on.

21 Q. Was the ignition on?

22 A. Carson turned it on.

23 Q. Do you know why? Was Carson planning on driving?

24 A. No way, not without a license. Carson just wanted to feel the bike running.

25 Q. Why do you say no way? I thought you said Carson drove the bike before?

1 A. Yeah. I did. In the parking lot. Carson never drove that thing on the street. Trust me. I tried to get
2 Carson to drive me home all of the time after drinking. Carson refused.

3 Q. What do you remember about the accident?

4 A. Well, Carson was facing away from the car, because I parked the motorcycle facing that way. All of a
5 sudden, I see this car coming up the street towards us and it swerved a little bit. The driver looked like
6 they were waving to somebody or something. And then the driver looked like they decided to park and
7 pulled right into Carson.

8 Q. Did Carson ever move the bike out of the space?

9 A. Not once.

10 Q. Did Carson have a helmet on?

11 A. Carson was not driving, so no.

12 Q. Did you have a helmet for the bike?

13 A. I did.

14 Q. Did you wear it that day?

15 A. I did.

16 Q. And you are aware that a helmet was never found at the scene, right?

17 A. Yeah, I am pretty upset about it. Those helmets are not cheap.

18 Q. Do you are saying that you did bring a helmet and it was lost.

19 A. That is exactly what I am saying.

20 Q. What happened next?

21 A. Well Carson was in bad shape, there was blood everywhere. I heard two people arguing behind me. One
22 yelled, did you see that biker pull out in front of the car? And the other person said, no way, the driver
23 wasn't paying attention.

24 Q. Did you know who these people were?

25 A. Never seen them before.

1 Q. What about the driver of the car?

2 A. Never seen them either. They were really young.

3 Q. Did you have the chance to observe the person driving the car after the accident?

4 A. Yes.

5 Q. Did it seem like they were hurt?

6 A. No way.

7 Q. Why do you say that?

8 A. Well, this person just got out and started yelling at Carson. They seemed a bit slurry, but otherwise okay.

9 Q. What do you mean by slurry?

10 A. Almost like they were drunk, they were having some problems with words. But, I know that the police
11 said the car driver was not drinking.

12 Q. Is there anything else you can tell me about the accident?

13 A. I think I told you all that I can remember.

14 Q. Okay, thank you for your time.

15 WHEREUPON the deposition was concluded.

1 **Deposition of Nat Romanav**

2 And now, this 22nd day of April, 2020, Nat Romanov, being duly sworn by the undersigned appeared at
3 the Swatkins Law Offices, for the purposes of deposition by oral questioning.

4 (Questioning by Luna Swatkins)

5 Q. Good morning Nat. I am here to ask you some questions about a motor vehicle accident that occurred on
6 September 4, 2017

7 Q. This isn't a test, so it is okay if you don't know an answer.

8 A. Alright, I am a little bit nervous.

9 Q. No need to be nervous. I don't expect we are going to be that long, but if you need anything you let myself
10 or Ms. Blue know, okay?

11 Q. And are you being represented by counsel here today?

12 A. I am not. Should I be?

13 Q. Well, that is your call, but we just want to talk about what you do and don't remember about the accident.
14 You are not on the hook for anything here, alright? Do you want to continue?

15 A. Sure, no problem. I just wanted to make sure I am not in trouble. And now that you said that and it is
16 recorded, you can't do anything to me. I saw that on a TV show once.

17 Q. Umm. Okay. So, can you state your name and address for the record, please?

18 A. Nat Romanov, and I live in Steelton at 178 Clay Street.

19 Q. Nat, how old are you?

20 A. Right now I am 22.

21 Q. And are you a student?

22 A. Yes, I am just finishing up my senior year at Steelton Tech.

23 Q. Are you sticking around or leaving town?

24 A. I got a job lined up at a think tank in DC. It is my hope to be a lobbyist one day.

25 Q. Great. What is your major?

1 A. History.

2 Q. Before we get to the accident itself, it is my understanding that you are a friend of Darren Ryan, right?

3 A. I am.

4 Q. How long have you known Darren?

5 A. Not very long. We met at our orientation for Steelton Community College.

6 Q. I thought you went to Steelton Tech? Did you change schools?

7 A. Yes, I did. I started at the community college to save up some money because I knew I wanted to move
8 to DC. Steelton Tech is expensive, and I did not want to have very much debt coming out of school.

9 Q. When did you transfer?

10 A. After my second year.

11 Q. Were you friends with Darrent before you transferred?

12 A. Of course I was. We were roommates. Darren used to help make up for the rent a lot because I could not
13 afford it every month. Never asked me for money back. I really owe a lot to Darren. If Darren did not
14 help me, I probably would have had to move home and that would have been disastrous.

15 Q. Why do you say that?

16 A. My family and I do not get along out all. We are not even speaking. They wanted me to go into the family
17 business and I refused. If I moved home, I am sure I would have dropped out and never been able to chase
18 my dream of a life in DC.

19 Q. Sounds like Darren was a really good friend.

20 A. Yes, the best.

21 Q. And it sounds like you would do anything for Darren.

22 A. I mean, I wouldn't say anything, but a lot, that is for sure.

23 Q. Did you and Darren remain friends after you transferred?

24 A. Yes, we did. Darren seemed to be going through some stuff. Darren was really dedicated to Darren's
25 grandmother. Apparently she was not doing well, and Darren was really partying. Darren's grandmother

1 fell and broke her hip once when Darren was out with a group of friends, so Darren moved back home
2 with her to help.

3 Q. I thought Darren moved back home to help concentrate on Darren's studies?

4 A. Well, that is what Darren says, but Darren wanted to take care of Darren's grandmother. At least that is
5 what Darren told me.

6 Q. Darren also mentioned that Darren was thinking about dropping out and working. Does that sound right?

7 A. School was never for Darren. Darren did not have attention span.

8 Q. What do you mean by that?

9 A. Darren just could not sit behind a desk and learn. Darren wanted to do, but because of the situation at
10 home, Darren stuck around. Also, Darren always seemed somewhere else.

11 Q. What do you mean by that?

12 A. Well, there would be times you would be talking to Darren, and you would look over, and Darren did not
13 hear a word. This happened all of the time. At dinner, on dates, while driving.

14 Q. While driving?

15 A. Well, yes, but I never noticed that Darren was not paying attention to the road. Just not to me.

16 Q. Okay. What can you tell me about September 4, 2017, the day of the accident?

17 A. Well, we did not have class because of the holiday. A new place just opened up, some cantina type place
18 and we were going there to hang out.

19 Q. To get some drinks?

20 A. No, none of us were 21. But, the food was supposed to be good, and you can only eat the same pizza and
21 hamburgers so many times.

22 Q. Who was there with you that day?

23 A. I can't remember everybody. I do remember I had a friend that I wanted Darren to meet. I thought they
24 might hit it off. Not romantically, but my friend just started his own business, and based what I knew

1 about Darren, I thought that Darren might have more interest in work than school. Darren was supposed
2 to be there by 5 because my friend had to leave at 5:30.

3 Q. Did Darren get there by five?

4 A. No, Darren was late. Darren is always late. Always rushing to get there on time. I always told Darren,
5 look, if you not early, you're late.

6 Q. Did you call Darren?

7 A. Yes.

8 Q. Did Darren answer?

9 A. No, that is how I knew Darren was driving.

10 Q. How did you know that?

11 A. Darren refused to answer the phone when driving.

12 Q. What happened when Darren did not show up at five?

13 A. Well, we just hung out, and when my friend had to leave, I walked out with him and I saw Darren driving
14 down the street.

15 Q. What did you do?

16 A. I started to wave at Darren, and Darren looked in my direction, and that is when the motorcycle pulled out
17 in front of Darren.

18 Q. So, the motorcycle did pull out onto the street?

19 A. Yes. I heard a revving noise, and I looked around. Then I heard screeching and looked back, and the
20 motorcycle was on its side in front of Darren's car.

21 Q. Did you actually see the motorcycle move?

22 A. Well, no, but how else did it get on the street?

23 Q. Did you know if the motorcycle was parked there before the accident?

24 A. I didn't see it, but I guess it had to come from somewhere.

25 Q. So, would you agree with me that it is possible that Darren struck a parked motorcycle?

1 A. No way.

2 Q. Why no way?

3 A. Well, after that time Darren was in the sideswipe accident, Darren was so overly cautious about driving
4 too close to the side of a street.

5 Q. Do you know if Darren was trying to park when the accident happened?

6 A. I found out about it after the fact, yes.

7 Q. And you said that Darren looked at you when you were waving, right?

8 A. Yes.

9 Q. So, you would agree with me that Darren did take Darren's eyes off of the road?

10 A. I mean, sure, briefly.

11 Q. Did Darren tell you about any injuries that night?

12 A. No, but something seemed off. However, the next day, Darren called and told me that Darren's neck
13 really hurt.

14 Q. Did you have any other conversations that night with anybody else who saw the accident?

15 A. No, but I just heard somebody yell that the motorcycle drove in front of the car.

16 Q. Did you hear anybody say that the car drove into the motorcycle?

17 A. Not exactly. I know the person that yelled that out got into an argument with somebody else. They had
18 to be restrained.

19 Q. Do you know if they spoke to the police?

20 A. They did not. Both people in the argument left quickly.

21 Q. Did you happen to see a motorcycle helmet at any time that the accident occurred?

22 A. I did, but somebody picked it up when all the commotion was going on and walked off with it.

23 Q. Thank you, no further questions.

24

25 WHEREUPON the deposition was concluded.

TITLE CERTIFICATE

For Department Use Only
 Bureau of Motor Vehicles • PO Box 21212 • Steelton 12345

A VEHICLE INFORMATION					
Vehicle Identification Number 0HFD123ABC456D789		Title Number 98765432109 ST		Registration Plate Number GRAYDAY	
B VEHICLE OWNER INFORMATION					
last Name (or Full Business Name) GRAY		First Name CARSON	Middle Name —	PA DI/Photo ID# or Bus. ID#	Date of Birth 01/08/1988
Co-Applicant last Name		First Name	Middle Name	PA DI/Photo ID#	Date of Birth
Current Street Address 5064 Yoh Avenue					
City Steelton			State ST	Zip Code 12345	
C SIGNATURE					
I hereby certify under penalty of law that All information is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to one year.					
_____ /s/ Carson Gray Applicant's Signature		_____ 10/15/2017 Date		_____ Telephone Number	
_____ Co-Applicant's Signature		_____ Date		_____ Telephone Number	

Visit us at www.dmv.steelton.gov or call us at 412-555-5555. TTY callers — please dial 711 to reach us.

Medication Guide
KLONOPIN® (KLON-oh-pin)
(clonazepam)
Tablets



Read this Medication Guide before you start taking KLONOPIN and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or treatment.

KLONOPIN can cause serious side effects. Because stopping KLONOPIN suddenly can also cause serious problems, do not stop taking KLONOPIN without talking to your healthcare provider first.

What is the most important information I should know about KLONOPIN?

Do not stop taking KLONOPIN without first talking to your healthcare provider. Stopping KLONOPIN suddenly can cause serious problems.

KLONOPIN can cause serious side effects, including:

1. KLONOPIN can slow your thinking and motor skills

- Do not drive, operate heavy machinery, or do other dangerous activities until you know how KLONOPIN affects you.
- Do not drink alcohol or take other drugs that may make you sleepy or dizzy while taking KLONOPIN until you talk to your healthcare provider. When taken with alcohol or drugs that cause sleepiness or dizziness, KLONOPIN may make your sleepiness or dizziness worse.

2. Like other antiepileptic drugs, KLONOPIN may cause suicidal thoughts or actions in a very small number of people, about 1 in 500.

Call a healthcare provider right away if you have any of these symptoms, especially if they are new, worse, or worry you:

- thoughts about suicide or dying
- attempt to commit suicide
- new or worse depression
- new or worse anxiety
- feeling agitated or restless
- panic attacks
- trouble sleeping (insomnia)
- new or worse irritability
- acting aggressive, being angry, or violent
- acting on dangerous impulses
- an extreme increase in activity and talking (mania)
- other unusual changes in behavior or mood

How can I watch for early symptoms of suicidal thoughts and actions?

- Pay attention to any changes, especially sudden changes, in mood, behaviors, thoughts, or feelings.
- Keep all follow-up visits with your healthcare provider as scheduled.

Call your healthcare provider between visits as needed, especially if you are worried about symptoms.

Suicidal thoughts or actions can be caused by things other than medicines. If you have suicidal thoughts or actions, your healthcare provider may check for other causes.

Do not stop KLONOPIN without first talking to a healthcare provider.

Stopping KLONOPIN suddenly can cause serious problems. Stopping KLONOPIN suddenly can cause seizures that will not stop (status epilepticus).

3. KLONOPIN may harm your unborn or developing baby.

- If you take KLONOPIN during pregnancy, your baby is at risk for serious birth defects. These defects can happen as early as in the first month of pregnancy, even before you know you are pregnant. Birth defects may occur even in children born to women who are not taking any medicines and do not have other risk factors.
- Children born to mothers receiving benzodiazepine medications (including KLONOPIN) late in pregnancy may be at some risk of experiencing breathing problems, feeding problems, hypothermia, and withdrawal symptoms.
- Tell your healthcare provider right away if you become pregnant while taking KLONOPIN. You and your healthcare provider should decide if you will take KLONOPIN while you are pregnant.
- If you become pregnant while taking KLONOPIN, talk to your healthcare provider about registering with the North American Antiepileptic Drug Pregnancy Registry. You can register by calling 1-888-233-2334. The purpose of this registry is to collect information about the safety of antiepileptic drugs during pregnancy.
- KLONOPIN can pass into breast milk. Talk to your healthcare provider about the best way to feed your baby if you take KLONOPIN. You and your healthcare provider should decide if you will take KLONOPIN or breast feed. You should not do both.

4. KLONOPIN can cause abuse and dependence.

- Do not stop taking KLONOPIN all of a sudden. Stopping KLONOPIN suddenly can cause seizures that do not stop, hearing or seeing things that are not there (hallucinations), shaking, and stomach and muscle cramps.

- Talk to your doctor about slowly stopping KLONOPIN to avoid getting sick with withdrawal symptoms.
- Physical dependence is not the same as drug addiction. Your healthcare provider can tell you more about the differences between physical dependence and drug addiction.

KLONOPIN is a federally controlled substance (C-IV) because it can be abused or lead to dependence. Keep KLONOPIN in a safe place to prevent misuse and abuse. Selling or giving away KLONOPIN may harm others, and is against the law. Tell your doctor if you have ever abused or been dependent on alcohol, prescription medicines or street drugs.

What is KLONOPIN?

KLONOPIN is a prescription medicine used alone or with other medicines to treat:

- certain types of seizure disorders (epilepsy) in adults and children
- panic disorder with or without fear of open spaces (agoraphobia) in adults

It is not known if KLONOPIN is safe or effective in treating panic disorder in children younger than 18 years old.

Who should not take KLONOPIN?

Do not take KLONOPIN if you:

- are allergic to benzodiazepines
- have significant liver disease
- have an eye disease called acute narrow angle glaucoma

Ask your healthcare provider if you are not sure if you have any of the problems listed above.

What should I tell my healthcare provider before taking KLONOPIN?

Before you take KLONOPIN, tell your healthcare provider if you:

- have liver or kidney problems
- have lung problems (respiratory disease)
- have or have had depression, mood problems, or suicidal thoughts or behavior
- have any other medical conditions

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Taking KLONOPIN with certain other medicines can cause side effects or affect

how well they work. Do not start or stop other medicines without talking to your healthcare provider.

Know the medicines you take. Keep a list of them and show it to your healthcare provider and pharmacist when you get a new medicine.

How should I take KLONOPIN?

- Take KLONOPIN exactly as your healthcare provider tells you. KLONOPIN is available as a tablet.
- Do not stop taking KLONOPIN without first talking to your healthcare provider. Stopping KLONOPIN suddenly can cause serious problems.
- **KLONOPIN tablets** should be taken with water and swallowed whole.
- If you take too much KLONOPIN, call your healthcare provider or local Poison Control Center right away.

What should I avoid while taking KLONOPIN?

- KLONOPIN can slow your thinking and motor skills. Do not drive, operate heavy machinery, or do other dangerous activities until you know how KLONOPIN affects you.
- Do not drink alcohol or take other drugs that may make you sleepy or dizzy while taking KLONOPIN until you talk to your healthcare provider. When taken with alcohol or drugs that cause sleepiness or dizziness, KLONOPIN may make your sleepiness or dizziness worse.

What are the possible side effects of KLONOPIN?

See “What is the most important information I should know about KLONOPIN?”

KLONOPIN can also make your seizures happen more often or make them worse. Call your healthcare provider right away if your seizures get worse while taking KLONOPIN.

The most common side effects of KLONOPIN include:

- Drowsiness
- Problems with walking and coordination
- Dizziness
- Depression
- Fatigue
- Problems with memory

These are not all the possible side effects of KLONOPIN. For more information, ask your healthcare provider or pharmacist.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store KLONOPIN?

- Store KLONOPIN between 59°F to 86°F (15°C to 30°C)

Keep KLONOPIN and all medicines out of the reach of children.

General Information about KLONOPIN

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use KLONOPIN for a condition for which it was not prescribed. Do not give KLONOPIN to other people, even if they have the same symptoms that you have. It may harm them.

This Medication Guide summarizes the most important information about KLONOPIN. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about KLONOPIN that is written for health professionals.

For more information, go to www.gene.com/gene/products/information/klonopin or call 1-888-835-2555.

What are the ingredients in KLONOPIN?

Active ingredient: clonazepam

Inactive ingredients:

- Tablets:
 - 0.5 mg tablets contain lactose, magnesium stearate, microcrystalline cellulose, corn starch, FD&C Yellow No. 6 Lake
 - 1 mg tablets contain lactose, magnesium stearate, microcrystalline cellulose, corn starch, FD&C Blue No. 1 Lake and FD&C Blue No. 2 Lake
 - 2 mg tablets contain lactose, magnesium stearate, microcrystalline cellulose, corn starch

Issued: Month Year

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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Medication Guide
PAXIL® (PAX-il)
(paroxetine hydrochloride)
Tablets and Oral Suspension

Read the Medication Guide that comes with PAXIL before you start taking it and each time you get a refill. There may be new information. This Medication Guide does not take the place of talking to your healthcare provider about your medical condition or treatment. Talk with your healthcare provider if there is something you do not understand or want to learn more about.

What is the most important information I should know about PAXIL?

PAXIL and other antidepressant medicines may cause serious side effects, including:

1. Suicidal thoughts or actions:

- **PAXIL and other antidepressant medicines may increase suicidal thoughts or actions** in some children, teenagers, or young adults within the **first few months of treatment or when the dose is changed**.
- Depression or other serious mental illnesses are the most important causes of suicidal thoughts or actions.
- Watch for these changes and call your healthcare provider right away if you notice:
 - New or sudden changes in mood, behavior, actions, thoughts, or feelings, especially if severe.
 - Pay particular attention to such changes when PAXIL is started or when the dose is changed.

Keep all follow-up visits with your healthcare provider and call between visits if you are worried about symptoms.

Call your healthcare provider right away if you have any of the following symptoms, or call 911 if an emergency, especially if they are new, worse, or worry you:

- attempts to commit suicide
- acting on dangerous impulses
- acting aggressive or violent
- thoughts about suicide or dying
- new or worse depression
- new or worse anxiety or panic attacks
- feeling agitated, restless, angry, or irritable
- trouble sleeping
- an increase in activity or talking more than what is normal for you
- other unusual changes in behavior or mood

Call your healthcare provider right away if you have any of the following symptoms, or call

- 1453 **911 if an emergency. PAXIL may be associated with these serious side effects:**
- 1454 **2. Serotonin Syndrome or Neuroleptic Malignant Syndrome-like reactions. This**
- 1455 **condition can be life-threatening and may include:**
- 1456 • agitation, hallucinations, coma, or other changes in mental status
- 1457 • coordination problems or muscle twitching (overactive reflexes)
- 1458 • racing heartbeat, high or low blood pressure
- 1459 • sweating or fever
- 1460 • nausea, vomiting, or diarrhea
- 1461 • muscle rigidity
- 1462 **3. Severe allergic reactions:**
- 1463 • trouble breathing
- 1464 • swelling of the face, tongue, eyes, or mouth
- 1465 • rash, itchy welts (hives), or blisters, alone or with fever or joint pain
- 1466 **4. Abnormal bleeding:** PAXIL and other antidepressant medicines may increase your risk of
- 1467 bleeding or bruising, especially if you take the blood thinner warfarin (Coumadin[®],
- 1468 Jantoven[®]), a non-steroidal anti-inflammatory drug (NSAIDs, like ibuprofen or naproxen),
- 1469 or aspirin.
- 1470 **5. Seizures or convulsions**
- 1471 **6. Manic episodes:**
- 1472 • greatly increased energy
- 1473 • severe trouble sleeping
- 1474 • racing thoughts
- 1475 • reckless behavior
- 1476 • unusually grand ideas
- 1477 • excessive happiness or irritability
- 1478 • talking more or faster than usual
- 1479 **7. Changes in appetite or weight.** Children and adolescents should have height and weight
- 1480 monitored during treatment.
- 1481 **8. Low salt (sodium) levels in the blood.** Elderly people may be at greater risk for this.
- 1482 Symptoms may include:
- 1483 • headache
- 1484 • weakness or feeling unsteady
- 1485 • confusion, problems concentrating or thinking, or memory problems
- 1486 **Do not stop PAXIL without first talking to your healthcare provider.** Stopping PAXIL too
- 1487 quickly may cause serious symptoms including:
- 1488 • anxiety, irritability, high or low mood, feeling restless, or changes in sleep habits
- 1489 • headache, sweating, nausea, dizziness
- 1490 • electric shock-like sensations, shaking, confusion
- 1491
- 1492 **What is PAXIL?**

1493 PAXIL is a prescription medicine used to treat depression. It is important to talk with your
1494 healthcare provider about the risks of treating depression and also the risks of not treating it. You
1495 should discuss all treatment choices with your healthcare provider. PAXIL is also used to treat:

- 1496 • Major Depressive Disorder (MDD)
- 1497 • Obsessive Compulsive Disorder (OCD)
- 1498 • Panic Disorder
- 1499 • Social Anxiety Disorder
- 1500 • Generalized Anxiety Disorder (GAD)
- 1501 • Posttraumatic Stress Disorder (PTSD)

1502 Talk to your healthcare provider if you do not think that your condition is getting better with
1503 treatment using PAXIL.

1504

1505 **Who should not take PAXIL?**

1506 Do not take PAXIL if you:

- 1507 • are allergic to paroxetine or any of the ingredients in PAXIL. See the end of this Medication
1508 Guide for a complete list of ingredients in PAXIL.
- 1509 • take a monoamine oxidase inhibitor (MAOI). Ask your healthcare provider or pharmacist if
1510 you are not sure if you take an MAOI, including the antibiotic linezolid.
 - 1511 • Do not take an MAOI within 2 weeks of stopping PAXIL unless directed to do so by
1512 your physician.
 - 1513 • Do not start PAXIL if you stopped taking an MAOI in the last 2 weeks unless directed to
1514 do so by your physician.
 - 1515 • **People who take PAXIL close in time to an MAOI may have serious or even life-**
1516 **threatening side effects. Get medical help right away if you have any of these**
1517 **symptoms:**
 - 1518 • high fever
 - 1519 • uncontrolled muscle spasms
 - 1520 • stiff muscles
 - 1521 • rapid changes in heart rate or blood pressure
 - 1522 • confusion
 - 1523 • loss of consciousness (pass out)
 - 1524 • **take MELLARIL[®] (thioridazine). Do not take MELLARIL[®] together with PAXIL**
1525 **because this can cause serious heart rhythm problems or sudden death.**
 - 1526 • **take the antipsychotic medicine pimozide (ORAP[®]) because this can cause serious heart**
1527 **problems.**

1528

1529 **What should I tell my healthcare provider before taking PAXIL? Ask if you are not sure.**

1530 Before starting PAXIL, tell your healthcare provider if you:

- 1531 • **are pregnant, may be pregnant, or plan to become pregnant.** There is a possibility that
1532 PAXIL may harm your unborn baby, including an increased risk of birth defects, particularly
1533 heart defects. Other risks may include a serious condition in which there is not enough
1534 oxygen in the baby’s blood. Your baby may also have certain other symptoms shortly after
1535 birth. Premature births have also been reported in some women who used PAXIL during
1536 pregnancy.
- 1537 • **are breastfeeding.** PAXIL passes into your milk. Talk to your healthcare provider about the
1538 best way to feed your baby while taking PAXIL.
- 1539 • are taking certain drugs such as:
- 1540 • triptans used to treat migraine headache
 - 1541 • other antidepressants (SSRIs, SNRIs, tricyclics, or lithium) or antipsychotics
 - 1542 • drugs that affect serotonin, such as lithium, tramadol, tryptophan, St. John’s wort
 - 1543 • certain drugs used to treat irregular heart beats
 - 1544 • certain drugs used to treat schizophrenia
 - 1545 • certain drugs used to treat HIV infection
 - 1546 • certain drugs that affect the blood, such as warfarin, aspirin, and ibuprofen
 - 1547 • certain drugs used to treat epilepsy
 - 1548 • atomoxetine
 - 1549 • cimetidine
 - 1550 • fentanyl
 - 1551 • metoprolol
 - 1552 • pimozide
 - 1553 • procyclidine
 - 1554 • tamoxifen
- 1555 • have liver problems
 - 1556 • have kidney problems
 - 1557 • have heart problems
 - 1558 • have or had seizures or convulsions
 - 1559 • have bipolar disorder or mania
 - 1560 • have low sodium levels in your blood
 - 1561 • have a history of a stroke
 - 1562 • have high blood pressure
 - 1563 • have or had bleeding problems
 - 1564 • have glaucoma (high pressure in the eye)
- 1565
- 1566 **Tell your healthcare provider about all the medicines you take,** including prescription and
1567 non-prescription medicines, vitamins, and herbal supplements. PAXIL and some medicines may
1568 interact with each other, may not work as well, or may cause serious side effects.

1569 Your healthcare provider or pharmacist can tell you if it is safe to take PAXIL with your other
1570 medicines. Do not start or stop any medicine while taking PAXIL without talking to your
1571 healthcare provider first.

1572 If you take PAXIL, you should not take any other medicines that contain paroxetine, including
1573 PAXIL CR and PEXEVA[®] (paroxetine mesylate).

1574

1575 **How should I take PAXIL?**

- 1576 • Take PAXIL exactly as prescribed. Your healthcare provider may need to change the dose of
1577 PAXIL until it is the right dose for you.
- 1578 • PAXIL may be taken with or without food.
- 1579 • If you are taking PAXIL Oral Suspension, shake the suspension well before use.
- 1580 • If you miss a dose of PAXIL, take the missed dose as soon as you remember. If it is almost
1581 time for the next dose, skip the missed dose and take your next dose at the regular time. Do
1582 not take two doses of PAXIL at the same time.
- 1583 • If you take too much PAXIL, call your healthcare provider or poison control center right
1584 away, or get emergency treatment.
- 1585 • Do not stop taking PAXIL suddenly without talking to your doctor (unless you have
1586 symptoms of a severe allergic reaction). If you need to stop taking PAXIL, your healthcare
1587 provider can tell you how to safely stop taking it.

1588

1589 **What should I avoid while taking PAXIL?**

1590 PAXIL can cause sleepiness or may affect your ability to make decisions, think clearly, or react
1591 quickly. You should not drive, operate heavy machinery, or do other dangerous activities until
1592 you know how PAXIL affects you. Do not drink alcohol while using PAXIL.

1593

1594 **What are possible side effects of PAXIL?**

1595 PAXIL may cause serious side effects, including all of those described in the section entitled
1596 “What is the most important information I should know about PAXIL?”

1597 Common possible side effects in people who take PAXIL include:

- 1598 • nausea
- 1599 • sleepiness
- 1600 • weakness
- 1601 • dizziness
- 1602 • feeling anxious or trouble sleeping
- 1603 • sexual problems
- 1604 • sweating
- 1605 • shaking
- 1606 • not feeling hungry

- 1607 • dry mouth
- 1608 • constipation
- 1609 • infection
- 1610 • yawning

1611 Tell your healthcare provider if you have any side effect that bothers you or that does not go
1612 away. These are not all the possible side effects of PAXIL. For more information, ask your
1613 healthcare provider or pharmacist.

1614 **CALL YOUR DOCTOR FOR MEDICAL ADVICE ABOUT SIDE EFFECTS. YOU MAY**
1615 **REPORT SIDE EFFECTS TO THE FDA AT 1-800-FDA-1088 or 1-800-332-1088.**

1616

1617 **How should I store PAXIL?**

- 1618 • Store PAXIL Tablets at room temperature between 59° and 86°F (15° and 30°C).
- 1619 • Store PAXIL Oral Suspension at or below 77°F (25°C).
- 1620 • Keep PAXIL away from light.
- 1621 • Keep bottle of PAXIL closed tightly.

1622 **Keep PAXIL and all medicines out of the reach of children.**

1623

1624 **General information about PAXIL**

1625 Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.
1626 Do not use PAXIL for a condition for which it was not prescribed. Do not give PAXIL to other
1627 people, even if they have the same condition. It may harm them.

1628

1629 This Medication Guide summarizes the most important information about PAXIL. If you would
1630 like more information, talk with your healthcare provider. You may ask your healthcare provider
1631 or pharmacist for information about PAXIL that is written for healthcare professionals.

1632

1633 For more information about PAXIL call 1-888-825-5249 or go to www.us.gsk.com.

1634

1635 **What are the ingredients in PAXIL?**

1636 **Active ingredient:** paroxetine hydrochloride

1637 **Inactive ingredients in tablets:** dibasic calcium phosphate dihydrate, hypromellose, magnesium
1638 stearate, polyethylene glycols, polysorbate 80, sodium starch glycolate, titanium dioxide, and 1
1639 or more of the following: D&C Red No. 30 aluminum lake, D&C Yellow No. 10 aluminum lake,
1640 FD&C Blue No. 2 aluminum lake, FD&C Yellow No. 6 aluminum lake.

1641 **Inactive ingredients in suspension for oral administration:** polacrillin potassium,
1642 microcrystalline cellulose, propylene glycol, glycerin, sorbitol, methylparaben, propylparaben,
1643 sodium citrate dihydrate, citric acid anhydrous, sodium saccharin, flavorings, FD&C Yellow
1644 No. 6 aluminum lake, and simethicone emulsion, USP.

1645
1646 PAXIL and PAXIL CR are registered trademarks of GlaxoSmithKline. The other brands listed
1647 are trademarks of their respective owners and are not trademarks of GlaxoSmithKline. The
1648 makers of these brands are not affiliated with and do not endorse GlaxoSmithKline or its
1649 products.

1650
1651 This Medication Guide has been approved by the U.S. Food and Drug Administration.

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1654



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Research Triangle Park, NC 27709

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1658 December 2012

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XANAX[®] XR CIV

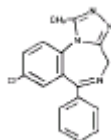
(alprazolam) extended-release tablets

DESCRIPTION

XANAX XR Tablets contain alprazolam which is a triazolo analog of the 1,4 benzodiazepine class of central nervous system-active compounds.

The chemical name of alprazolam is 8-chloro-1-methyl-6-phenyl-4*H*-s-triazolo [4,3- α] [1,4] benzodiazepine. The molecular formula is C₁₇H₁₃ClN₄ which corresponds to a molecular weight of 308.76.

The structural formula is represented below:



Alprazolam is a white crystalline powder, which is soluble in methanol or ethanol but which has no appreciable solubility in water at physiological pH.

Each XANAX XR extended-release tablet, for oral administration, contains 0.5 mg, 1 mg, 2 mg, or 3 mg of alprazolam. The inactive ingredients are lactose, magnesium stearate, colloidal silicon dioxide, and hypromellose. In addition, the 1 mg and 3 mg tablets contain D & C yellow No. 10 and the 2 mg and 3 mg tablets contain FD&C blue No. 2.

CLINICAL PHARMACOLOGY

Pharmacodynamics

CNS agents of the 1,4 benzodiazepine class presumably exert their effects by binding at stereospecific receptors at several sites within the central nervous system. Their exact mechanism of action is unknown. Clinically, all benzodiazepines cause a dose-related central nervous system depressant activity varying from mild impairment of task performance to hypnosis.

Pharmacokinetics

Absorption

Following oral administration of XANAX (immediate-release) Tablets, alprazolam is readily absorbed. Peak concentrations in the plasma occur in one to two hours following administration. Plasma levels are proportional to the dose given; over the dose range of 0.5

to 3.0 mg, peak levels of 8.0 to 37 ng/mL were observed. Using a specific assay methodology, the mean plasma elimination half-life of alprazolam has been found to be about 11.2 hours (range: 6.3–26.9 hours) in healthy adults.

The mean absolute bioavailability of alprazolam from XANAX XR Tablets is approximately 90%, and the relative bioavailability compared to XANAX Tablets is 100%. The bioavailability and pharmacokinetics of alprazolam following administration of XANAX XR Tablets are similar to that for XANAX Tablets, with the exception of a slower rate of absorption. The slower absorption rate results in a relatively constant concentration that is maintained between 5 and 11 hours after the dosing. The pharmacokinetics of alprazolam and two of its major active metabolites (4-hydroxyalprazolam and α -hydroxyalprazolam) are linear, and concentrations are proportional up to the recommended maximum daily dose of 10 mg given once daily. Multiple dose studies indicate that the metabolism and elimination of alprazolam are similar for the immediate-release and the extended-release products.

Food has a significant influence on the bioavailability of XANAX XR Tablets. A high-fat meal given up to 2 hours before dosing with XANAX XR Tablets increased the mean C_{max} by about 25%. The effect of this meal on T_{max} depended on the timing of the meal, with a reduction in T_{max} by about 1/3 for subjects eating immediately before dosing and an increase in T_{max} by about 1/3 for subjects eating 1 hour or more after dosing. The extent of exposure (AUC) and elimination half-life ($t_{1/2}$) were not affected by eating.

There were significant differences in absorption rate for the XANAX XR Tablet, depending on the time of day administered, with the C_{max} increased by 30% and the T_{max} decreased by an hour following dosing at night, compared to morning dosing.

Distribution

The apparent volume of distribution of alprazolam is similar for XANAX XR and XANAX Tablets. In vitro, alprazolam is bound (80%) to human serum protein. Serum albumin accounts for the majority of the binding.

Metabolism

Alprazolam is extensively metabolized in humans, primarily by cytochrome P450 3A4 (CYP3A4), to two major metabolites in the plasma: 4-hydroxyalprazolam and α -hydroxyalprazolam. A benzophenone derived from alprazolam is also found in humans. Their half-lives appear to be similar to that of alprazolam. The pharmacokinetic parameters at steady-state for the two hydroxylated metabolites of alprazolam (4-hydroxyalprazolam and α -hydroxyalprazolam) were similar for XANAX and XANAX XR Tablets, indicating that the metabolism of alprazolam is not affected by absorption rate. The plasma concentrations of 4-hydroxyalprazolam and α -hydroxyalprazolam relative to unchanged alprazolam concentration after both XANAX XR and XANAX Tablets were always less than 10% and 4%, respectively. The reported relative potencies in benzodiazepine receptor binding experiments and in animal models of induced seizure inhibition are 0.20 and 0.66, respectively, for 4-hydroxyalprazolam and α -hydroxyalprazolam. Such low concentrations and the lesser potencies of 4-hydroxyalprazolam and α -hydroxyalprazolam suggest that they

are unlikely to contribute much to the pharmacological effects of alprazolam. The benzophenone metabolite is essentially inactive.

Elimination

Alprazolam and its metabolites are excreted primarily in the urine. The mean plasma elimination half-life of alprazolam following administration of XANAX XR Tablet ranges from 10.7–15.8 hours in healthy adults.

Special Populations

While pharmacokinetic studies have not been performed in special populations with XANAX XR Tablets, the factors (such as age, gender, hepatic or renal impairment) that would affect the pharmacokinetics of alprazolam after the administration of XANAX Tablets would not be expected to be different with the administration of XANAX XR Tablets.

Changes in the absorption, distribution, metabolism, and excretion of benzodiazepines have been reported in a variety of disease states including alcoholism, impaired hepatic function, and impaired renal function. Changes have also been demonstrated in geriatric patients. A mean half-life of alprazolam of 16.3 hours has been observed in healthy elderly subjects (range: 9.0–26.9 hours, n=16) compared to 11.0 hours (range: 6.3–15.8 hours, n=16) in healthy adult subjects. In patients with alcoholic liver disease the half-life of alprazolam ranged between 5.8 and 65.3 hours (mean: 19.7 hours, n=17) as compared to between 6.3 and 26.9 hours (mean=11.4 hours, n=17) in healthy subjects. In an obese group of subjects the half-life of alprazolam ranged between 9.9 and 40.4 hours (mean=21.8 hours, n=12) as compared to between 6.3 and 15.8 hours (mean=10.6 hours, n=12) in healthy subjects.

Because of its similarity to other benzodiazepines, it is assumed that alprazolam undergoes transplacental passage and that it is excreted in human milk.

Race — Maximal concentrations and half-life of alprazolam are approximately 15% and 25% higher in Asians compared to Caucasians.

Pediatrics — The pharmacokinetics of alprazolam after administration of the XANAX XR Tablet in pediatric patients have not been studied.

Gender — Gender has no effect on the pharmacokinetics of alprazolam.

Cigarette Smoking — Alprazolam concentrations may be reduced by up to 50% in smokers compared to non-smokers.

Drug-Drug Interactions

Alprazolam is primarily eliminated by metabolism via cytochrome P450 3A (CYP3A). Most of the interactions that have been documented with alprazolam are with drugs that inhibit or induce CYP3A4.

Compounds that are potent inhibitors of CYP3A would be expected to increase plasma alprazolam concentrations. Drug products that have been studied in vivo, along with their

effect on increasing alprazolam AUC, are as follows: ketoconazole, 3.98 fold; itraconazole, 2.70 fold; nefazodone, 1.98 fold; fluvoxamine, 1.96 fold; and erythromycin, 1.61 fold (see CONTRAINDICATIONS, WARNINGS, and PRECAUTIONS–Drug Interactions).

CYP3A inducers would be expected to decrease alprazolam concentrations and this has been observed *in vivo*. The oral clearance of alprazolam (given in a 0.8 mg single dose) was increased from 0.90 ± 0.21 mL/min/kg to 2.13 ± 0.54 mL/min/kg and the elimination $t_{1/2}$ was shortened (from 17.1 ± 4.9 to 7.7 ± 1.7 h) following administration of 300 mg/day carbamazepine for 10 days (see PRECAUTIONS–Drug Interactions). However, the carbamazepine dose used in this study was fairly low compared to the recommended doses (1000–1200 mg/day); the effect at usual carbamazepine doses is unknown.

The ability of alprazolam to induce or inhibit human hepatic enzyme systems has not been determined. However, this is not a property of benzodiazepines in general. Further, alprazolam did not affect the prothrombin or plasma warfarin levels in male volunteers administered sodium warfarin orally.

CLINICAL EFFICACY TRIALS

The efficacy of XANAX XR Tablets in the treatment of panic disorder was established in two 6-week, placebo-controlled studies of XANAX XR in patients with panic disorder.

In two 6-week, flexible-dose, placebo-controlled studies in patients meeting DSM-III criteria for panic disorder, patients were treated with XANAX XR in a dose range of 1 to 10 mg/day, on a once-a-day basis. The effectiveness of XANAX XR was assessed on the basis of changes in various measures of panic attack frequency, on various measures of the Clinical Global Impression, and on the Overall Phobia Scale. In all, there were seven primary efficacy measures in these studies, and XANAX XR was superior to placebo on all seven outcomes in both studies. The mean dose of XANAX XR at the last treatment visit was 4.2 mg/day in the first study and 4.6 mg/day in the second.

In addition, there were two 8-week, fixed-dose, placebo-controlled studies of XANAX XR in patients with panic disorder, involving fixed XANAX XR doses of 4 and 6 mg/day, on a once-a-day basis, that did not show a benefit for either dose of XANAX XR.

The longer-term efficacy of XANAX XR in panic disorder has not been systematically evaluated.

Analyses of the relationship between treatment outcome and gender did not suggest any differential responsiveness on the basis of gender.

INDICATIONS AND USAGE

XANAX XR Tablets are indicated for the treatment of panic disorder, with or without agoraphobia.

This claim is supported on the basis of two positive studies with XANAX XR conducted in patients whose diagnoses corresponded closely to the DSM-III-R/IV criteria for panic disorder (see CLINICAL EFFICACY TRIALS).

Panic disorder (DSM-IV) is characterized by recurrent unexpected panic attacks, ie, a discrete period of intense fear or discomfort in which four (or more) of the following symptoms develop abruptly and reach a peak within 10 minutes: (1) palpitations, pounding heart, or accelerated heart rate; (2) sweating; (3) trembling or shaking; (4) sensations of shortness of breath or smothering; (5) feeling of choking; (6) chest pain or discomfort; (7) nausea or abdominal distress; (8) feeling dizzy, unsteady, lightheaded, or faint; (9) derealization (feelings of unreality) or depersonalization (being detached from oneself); (10) fear of losing control; (11) fear of dying; (12) paresthesias (numbness or tingling sensations); (13) chills or hot flushes.

The longer-term efficacy of XANAX XR has not been systematically evaluated. Thus, the physician who elects to use this drug for periods longer than 8 weeks should periodically reassess the usefulness of the drug for the individual patient.

CONTRAINDICATIONS

XANAX XR Tablets are contraindicated in patients with known sensitivity to this drug or other benzodiazepines. XANAX XR may be used in patients with open angle glaucoma who are receiving appropriate therapy, but is contraindicated in patients with acute narrow angle glaucoma.

XANAX XR is contraindicated with ketoconazole and itraconazole, since these medications significantly impair the oxidative metabolism mediated by cytochrome P450 3A (CYP3A) (see CLINICAL PHARMACOLOGY, WARNINGS and PRECAUTIONS–Drug Interactions).

WARNINGS

Dependence and Withdrawal Reactions, Including Seizures

Certain adverse clinical events, some life-threatening, are a direct consequence of physical dependence to alprazolam. These include a spectrum of withdrawal symptoms; the most important is seizure (see DRUG ABUSE AND DEPENDENCE). Even after relatively short-term use at doses of ≤ 4 mg/day, there is some risk of dependence. Spontaneous reporting system data suggest that the risk of dependence and its severity appear to be greater in patients treated with doses greater than 4 mg/day and for long periods (more than 12 weeks). However, in a controlled postmarketing discontinuation study of panic disorder patients who received XANAX Tablets, the duration of treatment (3 months compared to 6 months) had no effect on the ability of patients to taper to zero dose. In contrast, patients treated with

doses of XANAX Tablets greater than 4 mg/day had more difficulty tapering to zero dose than those treated with less than 4 mg/day.

Relapse or return of illness was defined as a return of symptoms characteristic of panic disorder (primarily panic attacks) to levels approximately equal to those seen at baseline before active treatment was initiated. Rebound refers to a return of symptoms of panic disorder to a level substantially greater in frequency, or more severe in intensity than seen at baseline. Withdrawal symptoms were identified as those which were generally not characteristic of panic disorder and which occurred for the first time more frequently during discontinuation than at baseline.

The rate of relapse, rebound, and withdrawal in patients with panic disorder who received XANAX XR Tablets has not been systematically studied. Experience in randomized placebo-controlled discontinuation studies of patients with panic disorder who received XANAX Tablets showed a high rate of rebound and withdrawal symptoms compared to placebo treated patients.

In a controlled clinical trial in which 63 patients were randomized to XANAX Tablets and where withdrawal symptoms were specifically sought, the following were identified as symptoms of withdrawal: heightened sensory perception, impaired concentration, dysosmia, clouded sensorium, paresthesias, muscle cramps, muscle twitch, diarrhea, blurred vision, appetite decrease, and weight loss. Other symptoms, such as anxiety and insomnia, were frequently seen during discontinuation, but it could not be determined if they were due to return of illness, rebound, or withdrawal.

In two controlled trials of 6 to 8 weeks duration where the ability of patients to discontinue medication was measured, 71%–93% of patients treated with XANAX Tablets tapered completely off therapy compared to 89%–96% of placebo treated patients. In a controlled postmarketing discontinuation study of panic disorder patients treated with XANAX Tablets, the duration of treatment (3 months compared to 6 months) had no effect on the ability of patients to taper to zero dose.

Seizures were reported for three patients in panic disorder clinical trials with XANAX XR. In two cases, the patients had completed 6 weeks of treatment with XANAX XR 6 mg/day before experiencing a single seizure. In one case, the patient abruptly discontinued XANAX XR, and in both cases, alcohol intake was implicated. The third case involved multiple seizures after the patient completed treatment with XANAX XR 4 mg/day and missed taking the medication on the first day of taper. All three patients recovered without sequelae.

Seizures have also been observed in association with dose reduction or discontinuation of XANAX Tablets, the immediate release form of alprazolam. Seizures attributable to XANAX were seen after drug discontinuance or dose reduction in 8 of 1980 patients with panic disorder or in patients participating in clinical trials where doses of XANAX greater than 4 mg/day for over 3 months were permitted. Five of these cases clearly occurred during abrupt dose reduction, or discontinuation from daily doses of 2 to 10 mg. Three cases occurred in situations where there was not a clear relationship to abrupt dose reduction or

discontinuation. In one instance, seizure occurred after discontinuation from a single dose of 1 mg after tapering at a rate of 1 mg every three days from 6 mg daily. In two other instances, the relationship to taper is indeterminate; in both of these cases the patients had been receiving doses of 3 mg daily prior to seizure. The duration of use in the above 8 cases ranged from 4 to 22 weeks. There have been occasional voluntary reports of patients developing seizures while apparently tapering gradually from XANAX. The risk of seizure seems to be greatest 24–72 hours after discontinuation (see DOSAGE AND ADMINISTRATION for recommended tapering and discontinuation schedule).

Status Epilepticus

The medical event voluntary reporting system shows that withdrawal seizures have been reported in association with the discontinuation of XANAX Tablets. In most cases, only a single seizure was reported; however, multiple seizures and status epilepticus were reported as well.

Interdose Symptoms

Early morning anxiety and emergence of anxiety symptoms between doses of XANAX Tablets have been reported in patients with panic disorder taking prescribed maintenance doses. These symptoms may reflect the development of tolerance or a time interval between doses which is longer than the duration of clinical action of the administered dose. In either case, it is presumed that the prescribed dose is not sufficient to maintain plasma levels above those needed to prevent relapse, rebound, or withdrawal symptoms over the entire course of the interdosing interval.

Risk of Dose Reduction

Withdrawal reactions may occur when dosage reduction occurs for any reason. This includes purposeful tapering, but also inadvertent reduction of dose (eg, the patient forgets, the patient is admitted to a hospital). Therefore, the dosage of XANAX XR should be reduced or discontinued gradually (see DOSAGE AND ADMINISTRATION).

CNS Depression and Impaired Performance

Because of its CNS depressant effects, patients receiving XANAX XR should be cautioned against engaging in hazardous occupations or activities requiring complete mental alertness such as operating machinery or driving a motor vehicle. For the same reason, patients should be cautioned about the simultaneous ingestion of alcohol and other CNS depressant drugs during treatment with XANAX XR.

Risk of Fetal Harm

Benzodiazepines can potentially cause fetal harm when administered to pregnant women. If alprazolam is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus. Because of experience with other members of the benzodiazepine class, alprazolam is assumed to be capable of causing an increased risk of congenital abnormalities when administered to a pregnant woman during the first trimester. Because use of these drugs is rarely a matter of urgency, their use during the first trimester should almost always be avoided. The possibility that a woman of childbearing potential may be pregnant at the time of institution of therapy

should be considered. Patients should be advised that if they become pregnant during therapy or intend to become pregnant they should communicate with their physicians about the desirability of discontinuing the drug.

Alprazolam Interaction With Drugs That Inhibit Metabolism Via Cytochrome P450 3A

The initial step in alprazolam metabolism is hydroxylation catalyzed by cytochrome P450 3A (CYP3A). Drugs that inhibit this metabolic pathway may have a profound effect on the clearance of alprazolam. Consequently, alprazolam should be avoided in patients receiving very potent inhibitors of CYP3A. With drugs inhibiting CYP3A to a lesser but still significant degree, alprazolam should be used only with caution and consideration of appropriate dosage reduction. For some drugs, an interaction with alprazolam has been quantified with clinical data; for other drugs, interactions are predicted from in vitro data and/or experience with similar drugs in the same pharmacologic class.

The following are examples of drugs known to inhibit the metabolism of alprazolam and/or related benzodiazepines, presumably through inhibition of CYP3A.

Potent CYP3A Inhibitors

Azole antifungal agents — Ketoconazole and itraconazole are potent CYP3A inhibitors and have been shown in vivo to increase plasma alprazolam concentrations 3.98 fold and 2.70 fold, respectively. The coadministration of alprazolam with these agents is not recommended. Other azole-type antifungal agents should also be considered potent CYP3A inhibitors and the coadministration of alprazolam with them is not recommended (see CONTRAINDICATIONS).

Drugs demonstrated to be CYP3A inhibitors on the basis of clinical studies involving alprazolam (caution and consideration of appropriate alprazolam dose reduction are recommended during coadministration with the following drugs)

Nefazodone — Coadministration of nefazodone increased alprazolam concentration two-fold.

Fluvoxamine — Coadministration of fluvoxamine approximately doubled the maximum plasma concentration of alprazolam, decreased clearance by 49%, increased half-life by 71%, and decreased measured psychomotor performance.

Cimetidine — Coadministration of cimetidine increased the maximum plasma concentration of alprazolam by 86%, decreased clearance by 42%, and increased half-life by 16%.

Other Drugs Possibly Affecting Alprazolam Metabolism

Other drugs possibly affecting alprazolam metabolism by inhibition of CYP3A are discussed in the PRECAUTIONS section (see PRECAUTIONS–Drug Interactions).

PRECAUTIONS

General

Suicide

As with other psychotropic medications, the usual precautions with respect to administration of the drug and size of the prescription are indicated for severely depressed patients or those in whom there is reason to expect concealed suicidal ideation or plans. Panic disorder has been associated with primary and secondary major depressive disorders and increased reports of suicide among untreated patients.

Mania

Episodes of hypomania and mania have been reported in association with the use of XANAX Tablets in patients with depression.

Uricosuric Effect

Alprazolam has a weak uricosuric effect. Although other medications with weak uricosuric effect have been reported to cause acute renal failure, there have been no reported instances of acute renal failure attributable to therapy with alprazolam.

Use in Patients with Concomitant Illness

It is recommended that the dosage be limited to the smallest effective dose to preclude the development of ataxia or oversedation which may be a particular problem in elderly or debilitated patients (see DOSAGE AND ADMINISTRATION). The usual precautions in treating patients with impaired renal, hepatic, or pulmonary function should be observed. There have been rare reports of death in patients with severe pulmonary disease shortly after the initiation of treatment with XANAX Tablets. A decreased systemic alprazolam elimination rate (eg, increased plasma half-life) has been observed in both alcoholic liver disease patients and obese patients receiving XANAX Tablets (see CLINICAL PHARMACOLOGY).

Information for Patients

To assure safe and effective use of XANAX XR, the physician should provide the patient with the following guidance.

1. Inform your physician about any alcohol consumption and medicine you are taking now, including medication you may buy without a prescription. Alcohol should generally not be used during treatment with benzodiazepines.
2. Not recommended for use in pregnancy. Therefore, inform your physician if you are pregnant, if you are planning to have a child, or if you become pregnant while you are taking this medication.
3. Inform your physician if you are nursing.
4. Until you experience how this medication affects you, do not drive a car or operate potentially dangerous machinery, etc.

5. Do not increase the dose even if you think the medication "does not work anymore" without consulting your physician. Benzodiazepines, even when used as recommended, may produce emotional and/or physical dependence.
6. Do not stop taking this medication abruptly or decrease the dose without consulting your physician, since withdrawal symptoms can occur.
7. Some patients may find it very difficult to discontinue treatment with XANAX XR due to severe emotional and physical dependence. Discontinuation symptoms, including possible seizures, may occur following discontinuation from any dose, but the risk may be increased with extended use at doses greater than 4 mg/day, especially if discontinuation is too abrupt. It is important that you seek advice from your physician to discontinue treatment in a careful and safe manner. Proper discontinuation will help to decrease the possibility of withdrawal reactions that can range from mild reactions to severe reactions such as seizure.

Laboratory Tests

Laboratory tests are not ordinarily required in otherwise healthy patients. However, when treatment is protracted, periodic blood counts, urinalysis, and blood chemistry analyses are advisable in keeping with good medical practice.

Drug Interactions

Use with Other CNS Depressants

If XANAX XR Tablets are to be combined with other psychotropic agents or anticonvulsant drugs, careful consideration should be given to the pharmacology of the agents to be employed, particularly with compounds which might potentiate the action of benzodiazepines. The benzodiazepines, including alprazolam, produce additive CNS depressant effects when coadministered with other psychotropic medications, anticonvulsants, antihistaminics, ethanol and other drugs which themselves produce CNS depression.

Use with Imipramine and Desipramine

The steady state plasma concentrations of imipramine and desipramine have been reported to be increased an average of 31% and 20%, respectively, by the concomitant administration of XANAX Tablets in doses up to 4 mg/day. The clinical significance of these changes is unknown.

Drugs that inhibit alprazolam metabolism via cytochrome P450 3A

The initial step in alprazolam metabolism is hydroxylation catalyzed by cytochrome P450 3A (CYP3A). Drugs which inhibit this metabolic pathway may have a profound effect on the clearance of alprazolam (see CONTRAINDICATIONS and WARNINGS for additional drugs of this type).

Drugs demonstrated to be CYP3A inhibitors of possible clinical significance on the basis of clinical studies involving alprazolam (caution is recommended during coadministration with alprazolam)

Fluoxetine — Coadministration of fluoxetine with alprazolam increased the maximum plasma concentration of alprazolam by 46%, decreased clearance by 21%, increased half-life by 17%, and decreased measured psychomotor performance.

Propoxyphene — Coadministration of propoxyphene decreased the maximum plasma concentration of alprazolam by 6%, decreased clearance by 38%, and increased half-life by 58%.

Oral Contraceptives — Coadministration of oral contraceptives increased the maximum plasma concentration of alprazolam by 18%, decreased clearance by 22%, and increased half-life by 29%.

Drugs and other substances demonstrated to be CYP3A inhibitors on the basis of clinical studies involving benzodiazepines metabolized similarly to alprazolam or on the basis of in vitro studies with alprazolam or other benzodiazepines (caution is recommended during coadministration with alprazolam)

Available data from clinical studies of benzodiazepines other than alprazolam suggest a possible drug interaction with alprazolam for the following: diltiazem, isoniazid, macrolide antibiotics such as erythromycin and clarithromycin, and grapefruit juice. Data from in vitro studies of alprazolam suggest a possible drug interaction with alprazolam for the following: sertraline and paroxetine. However, data from an in vivo drug interaction study involving a single dose of alprazolam 1 mg and steady state doses of sertraline (50 to 150 mg/day) did not reveal any clinically significant changes in the pharmacokinetics of alprazolam. Data from in vitro studies of benzodiazepines other than alprazolam suggest a possible drug interaction for the following: ergotamine, cyclosporine, amiodarone, nifedipine, and nifedipine. Caution is recommended during the coadministration of any of these with alprazolam (see WARNINGS).

Drugs demonstrated to be inducers of CYP3A

Carbamazepine can increase alprazolam metabolism and therefore can decrease plasma levels of alprazolam.

Drug/Laboratory Test Interactions

Although interactions between benzodiazepines and commonly employed clinical laboratory tests have occasionally been reported, there is no consistent pattern for a specific drug or specific test.

Carcinogenesis, Mutagenesis, Impairment of Fertility

No evidence of carcinogenic potential was observed during 2-year bioassay studies of alprazolam in rats at doses up to 30 mg/kg/day (150 times the maximum recommended daily human dose of 10 mg/day) and in mice at doses up to 10 mg/kg/day (50 times the maximum recommended daily human dose).

Alprazolam was not mutagenic in the rat micronucleus test at doses up to 100 mg/kg, which is 500 times the maximum recommended daily human dose of 10 mg/day. Alprazolam also was not mutagenic in vitro in the DNA Damage/Alkaline Elution Assay or the Ames Assay.

Alprazolam produced no impairment of fertility in rats at doses up to 5 mg/kg/day, which is 25 times the maximum recommended daily human dose of 10 mg/day.

Pregnancy

Teratogenic Effects: *Pregnancy Category D*: (see WARNINGS section).

Nonteratogenic Effects: It should be considered that the child born of a mother who is receiving benzodiazepines may be at some risk for withdrawal symptoms from the drug during the postnatal period. Also, neonatal flaccidity and respiratory problems have been reported in children born of mothers who have been receiving benzodiazepines.

Labor and Delivery

Alprazolam has no established use in labor or delivery.

Nursing Mothers

Benzodiazepines are known to be excreted in human milk. It should be assumed that alprazolam is as well. Chronic administration of diazepam to nursing mothers has been reported to cause their infants to become lethargic and to lose weight. As a general rule, nursing should not be undertaken by mothers who must use alprazolam.

Pediatric Use

Safety and effectiveness of alprazolam in individuals below 18 years of age have not been established.

Geriatric Use

The elderly may be more sensitive to the effects of benzodiazepines. They exhibit higher plasma alprazolam concentrations due to reduced clearance of the drug as compared with a younger population receiving the same doses. The smallest effective dose of alprazolam should be used in the elderly to preclude the development of ataxia and oversedation (see CLINICAL PHARMACOLOGY and DOSAGE AND ADMINISTRATION).

ADVERSE REACTIONS

The information included in the subsection on Adverse Events Observed in Short-Term, Placebo-Controlled Trials with XANAX XR Tablets is based on pooled data of five 6- and 8-week placebo-controlled clinical studies in panic disorder.

Adverse event reports were elicited either by general inquiry or by checklist, and were recorded by clinical investigators using terminology of their own choosing. The stated frequencies of adverse events represent the proportion of individuals who experienced, at least once, a treatment-emergent adverse event of the type listed. An event was considered treatment emergent if it occurred for the first time or worsened during therapy following baseline evaluation. In the tables and tabulations that follow, standard MedDRA terminology (version 4.0) was used to classify reported adverse events.

Adverse Events Observed in Short-Term, Placebo-Controlled Trials of XANAX XR

Adverse Events Reported as Reasons for Discontinuation of Treatment in Placebo-Controlled Trials

Approximately 17% of the 531 patients who received XANAX XR in placebo-controlled clinical trials for panic disorder had at least one adverse event that led to discontinuation compared to 8% of 349 placebo-treated patients. The most common events leading to discontinuation and considered to be drug-related (ie, leading to discontinuation in at least 1% of the patients treated with XANAX XR at a rate at least twice that of placebo) are shown in the following table.

Common Adverse Events Leading to Discontinuation of Treatment in Placebo-Controlled Trials

System Organ Class/Adverse Event	Percentage of Patients Discontinuing Due to Adverse Events	
	XANAX XR (n=531)	Placebo (n=349)
Nervous system disorders		
Sedation	7.5	0.6
Somnolence	3.2	0.3
Dysarthria	2.1	0
Coordination abnormal	1.9	0.3
Memory impairment	1.5	0.3
General disorders/administration site conditions		
Fatigue	1.7	0.6
Psychiatric disorders		
Depression	2.5	1.2

Adverse Events Occurring at an Incidence of 1% or More Among Patients Treated with XANAX XR

The prescriber should be aware that adverse event incidence cannot be used to predict the incidence of adverse events in the course of usual medical practice where patient characteristics and other factors differ from those which prevailed in the clinical trials. Similarly, the cited frequencies cannot be compared with event incidence obtained from other clinical investigations involving different treatments, uses, and investigators. The cited values, however, do provide the prescribing physician with some basis for estimating the relative contribution of drug and non-drug factors to the adverse event incidence rate in the population studied.

The following table shows the incidence of treatment-emergent adverse events that occurred during 6- to 8-week placebo-controlled trials in 1% or more of patients treated with XANAX XR where the incidence in patients treated with XANAX XR was greater than the incidence in placebo-treated patients. The most commonly observed adverse events in panic disorder patients treated with XANAX XR (incidence of 5% or greater and at least twice the incidence in placebo patients) were: sedation, somnolence, memory impairment, dysarthria, coordination abnormal, ataxia, libido decreased (see table).

**Treatment-Emergent Adverse Events:
Incidence in Short-Term, Placebo-Controlled Clinical Trials with
XANAX XR**

System Organ Class/Adverse Event	Percentage of Patients Reporting Adverse Event	
	XANAX XR (n=531)	Placebo (n=349)
Nervous system disorders		
Sedation	45.2	22.6
Somnolence	23.0	6.0
Memory impairment	15.4	6.9
Dysarthria	10.9	2.6
Coordination abnormal	9.4	0.9
Mental impairment	7.2	5.7
Ataxia	7.2	3.2
Disturbance in attention	3.2	0.6
Balance impaired	3.2	0.6
Paresthesia	2.4	1.7
Dyskinesia	1.7	1.4
Hypoesthesia	1.3	0.3
Hypersomnia	1.3	0
General disorders/administration site conditions		
Fatigue	13.9	9.2
Lethargy	1.7	0.6
Infections and infestations		
Influenza	2.4	2.3
Upper respiratory tract infections	1.9	1.7
Psychiatric disorders		
Depression	12.1	9.2
Libido decreased	6.0	2.3
Disorientation	1.5	0
Confusion	1.5	0.9
Depressed mood	1.3	0.3
Anxiety	1.1	0.6
Metabolism and nutrition disorders		
Appetite decreased	7.3	7.2
Appetite increased	7.0	6.0
Anorexia	1.5	0
Gastrointestinal disorders		
Dry mouth	10.2	9.7
Constipation	8.1	4.3
Nausea	6.0	3.2
Pharyngolaryngeal pain	3.2	2.6
Investigations		
Weight increased	5.1	4.3
Weight decreased	4.3	3.7
Injury, poisoning, and procedural complications		
Road traffic accident	1.5	0
Reproductive system and breast disorders		

Dysmenorrhea	3.6	2.9
Sexual dysfunction	2.4	1.1
Premenstrual syndrome	1.7	0.6
Musculoskeletal and connective tissue disorders		
Arthralgia	2.4	0.6
Myalgia	1.5	1.1
Pain in limb	1.1	0.3
Vascular disorders		
Hot flushes	1.5	1.4
Respiratory, thoracic, and mediastinal disorders		
Dyspnea	1.5	0.3
Rhinitis allergic	1.1	0.6
Skin and subcutaneous tissue disorders		
Pruritis	1.1	0.9

Other Adverse Events Observed During the Premarketing Evaluation of XANAX XR Tablets

Following is a list of MedDRA terms that reflect treatment-emergent adverse events reported by 531 patients with panic disorder treated with XANAX XR. All potentially important reported events are included except those already listed in the above table or elsewhere in labeling, those events for which a drug cause was remote, those event terms that were so general as to be uninformative, and those events that occurred at rates similar to background rates in the general population. It is important to emphasize that, although the events reported occurred during treatment with XANAX XR, they were not necessarily caused by the drug. Events are further categorized by body system and listed in order of decreasing frequency according to the following definitions: frequent adverse events are those occurring on 1 or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in less than 1/100 patients but at least 1/1000 patients; rare events are those occurring in fewer than 1/1000 patients.

Cardiac disorders: *Frequent:* palpitation; *Infrequent:* sinus tachycardia

Ear and Labyrinth disorders: *Frequent:* Vertigo; *Infrequent:* tinnitus, ear pain

Eye disorders: *Frequent:* blurred vision; *Infrequent:* mydriasis, photophobia

Gastrointestinal disorders: *Frequent:* diarrhea, vomiting, dyspepsia, abdominal pain;

Infrequent: dysphagia, salivary hypersecretion

General disorders and administration site conditions: *Frequent:* malaise, weakness, chest

pains; *Infrequent:* fall, pyrexia, thirst, feeling hot and cold, edema, feeling jittery, sluggishness, asthenia, feeling drunk, chest tightness, increased energy, feeling of relaxation, hangover, loss of control of legs, rigors

Musculoskeletal and connective tissue disorders: *Frequent:* back pain, muscle cramps, muscle twitching

Nervous system disorders: *Frequent:* headache, dizziness, tremor; *Infrequent:* amnesia, clumsiness, syncope, hypotonia, seizures, depressed level of consciousness, sleep apnea syndrome, sleep talking, stupor

Psychiatric system disorders: *Frequent:* irritability, insomnia, nervousness, derealization, libido increased, restlessness, agitation, depersonalization, nightmare; *Infrequent:* abnormal dreams, apathy, aggression, anger, bradyphrenia, euphoric mood, logorrhea, mood swings, dysphonia, hallucination, homicidal ideation, mania, hypomania, impulse control, psychomotor retardation, suicidal ideation

Renal and urinary disorders: *Frequent:* difficulty in micturition; *Infrequent:* urinary frequency, urinary incontinence

Respiratory, thoracic, and mediastinal disorders: *Frequent:* nasal congestion, hyperventilation; *Infrequent:* choking sensation, epistaxis, rhinorrhea

Skin and subcutaneous tissue disorders: *Frequent:* sweating increased; *Infrequent:* clamminess, rash, urticaria

Vascular disorders: *Infrequent:* hypotension

The categories of adverse events reported in the clinical development program for XANAX Tablets in the treatment of panic disorder differ somewhat from those reported for XANAX XR Tablets because the clinical trials with XANAX Tablets and XANAX XR Tablets used different standard medical nomenclature for reporting the adverse events. Nevertheless, the types of adverse events reported in the clinical trials with XANAX Tablets were generally the same as those reported in the clinical trials with XANAX XR Tablets.

Discontinuation-Emergent Adverse Events Occurring at an Incidence of 5% or More Among Patients Treated with XANAX XR

The following table shows the incidence of discontinuation-emergent adverse events that occurred during short-term, placebo-controlled trials in 5% or more of patients treated with XANAX XR where the incidence in patients treated with XANAX XR was two times greater than the incidence in placebo-treated patients.

**Discontinuation-Emergent Symptoms:
Incidence in Short-Term, Placebo-Controlled Trials
with XANAX XR**

System Organ Class/AdverseEvent	Percentage of Patients Reporting Adverse Event	
	XANAX XR (n=422)	Placebo (n=261)
Nervous system disorders		
Tremor	28.2	10.7
Headache	26.5	12.6
Hypoesthesia	7.8	2.3
Paraesthesia	7.1	2.7
Psychiatric disorders		
Insomnia	24.2	9.6
Nervousness	21.8	8.8
Depression	10.9	5.0
Derealization	8.0	3.8
Anxiety	7.8	2.7
Depersonalization	5.7	1.9
Gastrointestinal disorders		
Diarrhea	12.1	3.1

Respiratory, thoracic and mediastinal disorders		
Hyperventilation	8.5	2.7
Metabolism and nutrition disorders		
Appetite decreased	9.5	3.8
Musculoskeletal and connective tissue disorders		
Muscle twitching	7.4	2.7
Vascular disorders		
Hot flushes	5.9	2.7

There have also been reports of withdrawal seizures upon rapid decrease or abrupt discontinuation of alprazolam (see WARNINGS).

To discontinue treatment in patients taking XANAX XR Tablets, the dosage should be reduced slowly in keeping with good medical practice. It is suggested that the daily dosage of XANAX XR Tablets be decreased by no more than 0.5 mg every three days (see DOSAGE AND ADMINISTRATION). Some patients may benefit from an even slower dosage reduction. In a controlled postmarketing discontinuation study of panic disorder patients which compared this recommended taper schedule with a slower taper schedule, no difference was observed between the groups in the proportion of patients who tapered to zero dose; however, the slower schedule was associated with a reduction in symptoms associated with a withdrawal syndrome.

As with all benzodiazepines, paradoxical reactions such as stimulation, increased muscle spasticity, sleep disturbances, hallucinations, and other adverse behavioral effects such as agitation, rage, irritability, and aggressive or hostile behavior have been reported rarely. In many of the spontaneous case reports of adverse behavioral effects, patients were receiving other CNS drugs concomitantly and/or were described as having underlying psychiatric conditions. Should any of the above events occur, alprazolam should be discontinued. Isolated published reports involving small numbers of patients have suggested that patients who have borderline personality disorder, a prior history of violent or aggressive behavior, or alcohol or substance abuse may be at risk for such events. Instances of irritability, hostility, and intrusive thoughts have been reported during discontinuation of alprazolam in patients with posttraumatic stress disorder.

Post Introduction Reports

Various adverse drug reactions have been reported in association with the use of XANAX Tablets since market introduction. The majority of these reactions were reported through the medical event voluntary reporting system. Because of the spontaneous nature of the reporting of medical events and the lack of controls, a causal relationship to the use of XANAX Tablets cannot be readily determined. Reported events include: gastrointestinal disorder, hypomania, mania, liver enzyme elevations, hepatitis, hepatic failure, Stevens-Johnson syndrome, angioedema, peripheral edema, hyperprolactinemia, gynecomastia, and galactorrhea (see PRECAUTIONS).

DRUG ABUSE AND DEPENDENCE

Physical and Psychological Dependence

Withdrawal symptoms similar in character to those noted with sedative/hypnotics and alcohol have occurred following discontinuance of benzodiazepines, including alprazolam. The symptoms can range from mild dysphoria and insomnia to a major syndrome that may include abdominal and muscle cramps, vomiting, sweating, tremors, and convulsions. Distinguishing between withdrawal emergent signs and symptoms and the recurrence of illness is often difficult in patients undergoing dose reduction. The long-term strategy for treatment of these phenomena will vary with their cause and the therapeutic goal. When necessary, immediate management of withdrawal symptoms requires re-institution of treatment at doses of alprazolam sufficient to suppress symptoms. There have been reports of failure of other benzodiazepines to fully suppress these withdrawal symptoms. These failures have been attributed to incomplete cross-tolerance but may also reflect the use of an inadequate dosing regimen of the substituted benzodiazepine or the effects of concomitant medications.

While it is difficult to distinguish withdrawal and recurrence for certain patients, the time course and the nature of the symptoms may be helpful. A withdrawal syndrome typically includes the occurrence of new symptoms, tends to appear toward the end of taper or shortly after discontinuation, and will decrease with time. In recurring panic disorder, symptoms similar to those observed before treatment may recur either early or late, and they will persist.

While the severity and incidence of withdrawal phenomena appear to be related to dose and duration of treatment, withdrawal symptoms, including seizures, have been reported after only brief therapy with alprazolam at doses within the recommended range for the treatment of anxiety (eg, 0.75 to 4 mg/day). Signs and symptoms of withdrawal are often more prominent after rapid decrease of dosage or abrupt discontinuance. The risk of withdrawal seizures may be increased at doses above 4 mg/day (see WARNINGS).

Patients, especially individuals with a history of seizures or epilepsy, should not be abruptly discontinued from any CNS depressant agent, including alprazolam. It is recommended that all patients on alprazolam who require a dosage reduction be gradually tapered under close supervision (see WARNINGS and DOSAGE AND ADMINISTRATION).

Psychological dependence is a risk with all benzodiazepines, including alprazolam. The risk of psychological dependence may also be increased at doses greater than 4 mg/day and with longer term use, and this risk is further increased in patients with a history of alcohol or drug abuse. Some patients have experienced considerable difficulty in tapering and discontinuing from alprazolam, especially those receiving higher doses for extended periods. Addiction-prone individuals should be under careful surveillance when receiving alprazolam. As with

all anxiolytics, repeat prescriptions should be limited to those who are under medical supervision.

Controlled Substance Class

Alprazolam is a controlled substance under the Controlled Substance Act by the Drug Enforcement Administration and XANAX XR Tablets have been assigned to Schedule IV.

OVERDOSAGE

Clinical Experience

Overdosage reports with XANAX Tablets are limited. Manifestations of alprazolam overdosage include somnolence, confusion, impaired coordination, diminished reflexes, and coma. Death has been reported in association with overdoses of alprazolam by itself, as it has with other benzodiazepines. In addition, fatalities have been reported in patients who have overdosed with a combination of a single benzodiazepine, including alprazolam, and alcohol; alcohol levels seen in some of these patients have been lower than those usually associated with alcohol-induced fatality.

Animal experiments have suggested that forced diuresis or hemodialysis are probably of little value in treating overdosage.

General Treatment of Overdose

As in all cases of drug overdosage, respiration, pulse rate, and blood pressure should be monitored. General supportive measures should be employed, along with immediate gastric lavage. Intravenous fluids should be administered and an adequate airway maintained. If hypotension occurs, it may be combated by the use of vasopressors. Dialysis is of limited value. As with the management of intentional overdosing with any drug, it should be borne in mind that multiple agents may have been ingested.

Flumazenil, a specific benzodiazepine receptor antagonist, is indicated for the complete or partial reversal of the sedative effects of benzodiazepines and may be used in situations when an overdose with a benzodiazepine is known or suspected. Prior to the administration of flumazenil, necessary measures should be instituted to secure airway, ventilation, and intravenous access. Flumazenil is intended as an adjunct to, not as a substitute for, proper management of benzodiazepine overdose. Patients treated with flumazenil should be monitored for re-sedation, respiratory depression, and other residual benzodiazepine effects for an appropriate period after treatment. **The prescriber should be aware of a risk of seizure in association with flumazenil treatment, particularly in long-term benzodiazepine users and in cyclic antidepressant overdose.** The complete flumazenil package insert including CONTRAINDICATIONS, WARNINGS, and PRECAUTIONS should be consulted prior to use.

DOSAGE AND ADMINISTRATION

XANAX XR Tablets may be administered once daily, preferably in the morning. The tablets should be taken intact; they should not be chewed, crushed, or broken.

The suggested total daily dose ranges between 3 to 6 mg/day. Dosage should be individualized for maximum beneficial effect. While the suggested total daily dosages given will meet the needs of most patients, there will be some patients who require doses greater than 6 mg/day. In such cases, dosage should be increased cautiously to avoid adverse effects.

Dosing in Special Populations

In elderly patients, in patients with advanced liver disease, or in patients with debilitating disease, the usual starting dose of XANAX XR is 0.5 mg once daily. This may be gradually increased if needed and tolerated (see Dose Titration). The elderly may be especially sensitive to the effects of benzodiazepines.

Dose Titration

Treatment with XANAX XR may be initiated with a dose of 0.5 mg to 1 mg once daily. Depending on the response, the dose may be increased at intervals of 3 to 4 days in increments of no more than 1 mg/day. Slower titration to the dose levels may be advisable to allow full expression of the pharmacodynamic effect of XANAX XR.

Generally, therapy should be initiated at a low dose to minimize the risk of adverse responses in patients especially sensitive to the drug. Dose should be advanced until an acceptable therapeutic response (ie, a substantial reduction in or total elimination of panic attacks) is achieved, intolerance occurs, or the maximum recommended dose is attained.

Dose Maintenance

In controlled trials conducted to establish the efficacy of XANAX XR Tablets in panic disorder, doses in the range of 1 to 10 mg/day were used. Most patients showed efficacy in the dose range of 3 to 6 mg/day. Occasional patients required as much as 10 mg/day to achieve a successful response.

The necessary duration of treatment for panic disorder patients responding to XANAX XR is unknown. However, periodic reassessment is advised. After a period of extended freedom from attacks, a carefully supervised tapered discontinuation may be attempted, but there is evidence that this may often be difficult to accomplish without recurrence of symptoms and/or the manifestation of withdrawal phenomena.

Dose Reduction

Because of the danger of withdrawal, abrupt discontinuation of treatment should be avoided (see WARNINGS, PRECAUTIONS, DRUG ABUSE AND DEPENDENCE).

In all patients, dosage should be reduced gradually when discontinuing therapy or when decreasing the daily dosage. Although there are no systematically collected data to support a specific discontinuation schedule, it is suggested that the daily dosage be decreased by no

more than 0.5 mg every three days. Some patients may require an even slower dosage reduction.

In any case, reduction of dose must be undertaken under close supervision and must be gradual. If significant withdrawal symptoms develop, the previous dosing schedule should be reinstated and, only after stabilization, should a less rapid schedule of discontinuation be attempted. In a controlled postmarketing discontinuation study of panic disorder patients which compared this recommended taper schedule with a slower taper schedule, no difference was observed between the groups in the proportion of patients who tapered to zero dose; however, the slower schedule was associated with a reduction in symptoms associated with a withdrawal syndrome. It is suggested that the dose be reduced by no more than 0.5 mg every three days, with the understanding that some patients may benefit from an even more gradual discontinuation. Some patients may prove resistant to all discontinuation regimens.

Switch from XANAX (immediate-release) Tablets to XANAX XR (extended-release) Tablets

Patients who are currently being treated with divided doses of XANAX (immediate-release) Tablets, for example 3 to 4 times a day, may be switched to XANAX XR Tablets at the same total daily dose taken once daily. If the therapeutic response after switching is inadequate, the dosage may be titrated as outlined above.

HOW SUPPLIED

XANAX XR (extended-release) Tablets are available as follows:

0.5 mg (white, pentagonal-shaped tablets debossed with an "X" on one side and "0.5" on the other side)

Bottles of 60

NDC 0009-0057-07

1 mg (yellow, square-shaped tablets debossed with an "X" on one side and "1" on the other side)

Bottles of 60

NDC 0009-0059-07

2 mg (blue, round-shaped tablets debossed with an "X" on one side and "2" on the other side)

Bottles of 60

NDC 0009-0066-07

3 mg (green, triangular-shaped tablets debossed with an "X" on one side and "3" on the other side)

Bottles of 60

NDC 0009-0068-07

Store at 25°C (77°F); excursions permitted to 15–30°C (59–86°F) [see USP Controlled Room Temperature].

ANIMAL STUDIES

When rats were treated with alprazolam at 3, 10, and 30 mg/kg/day (15 to 150 times the maximum recommended human dose) orally for 2 years, a tendency for a dose related increase in the number of cataracts was observed in females and a tendency for a dose related increase in corneal vascularization was observed in males. These lesions did not appear until after 11 months of treatment.

Rx only



LAB-0006-5.0
Revised June 2011

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

THOMAS P LAUGHREN
08/23/2011

COMMONWEALTH OF PENNSWOODS

Driver's Accident Report

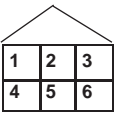
FORWARD THIS REPORT WITHIN 5 DAYS TO THE STEELTON DEPARTMENT OF TRANSPORTATION,
BUREAU OF HIGHWAY SAFETY AND TRAFFIC ENGINEERING

TIME	Date of Accident (Month - Day - Year) September 4, 2017	County Steelton	Day of Week Monday	Hour (AM - PM) 1819	Check if Hit-Run <input type="checkbox"/>	
	SEVERITY : Was Towing Required? UNIT 1: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO UNIT 2: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Number of Vehicles Involved 2	Number Injured 1	Number Killed 0	
LOCATION	TO PROPERLY LOCATE ACCIDENTS, USE AS LANDMARKS; SR SEGMENT NUMBERS, MILEPOSTS; INTERSECTION OF TWO HIGHWAYS; CITY, BOROUGH, TOWNSHIP, OR COUNTY LINES.	City - Borough - Township Penn's Woods	On: (Street Name or Highway Number) Webster Street			
		At Intersection With: no intersection	If Not At Intersection : _____ Feet N S E W Of Station Marker - Intersection - Etc...			
MY VEHICLE • NO 1	Operator's Name (First, Middle, Last) Mr. Darren Ryan Mrs. _____ Miss _____		Date of Birth 4/30/1999	Operator's License Number and State Steelton		
	Address (Street, City, State, Zip Code) 37 Silver Lane, Steelton, ST 12345		Vehicle License Number and State			
	Owner's Name (First, Middle, Last) Mr. Same Mrs. _____ Miss _____		Year 2008	Make Ford	Model Focus	
	Address (Street, City, State, Zip Code)		PA TITLE OR OUT-OF-STATE VIN			

USE THE FOLLOWING SECTION TO RECORD VEHICLE NUMBER 2, PEDESTRIAN, OR OTHER PROPERTY

OTHER	Operator's Name (First, Middle, Last) Mr. Carson Gray Mrs. _____ Miss _____		Date of Birth 1/8/1988	Operator's License Number and State Steelton		
	Address (Street, City, State, Zip Code) 5064 Yoh Avenue Steelton, ST 12345		Vehicle License Number and State			
	Owner's Name (First, Middle, Last) Mr. Same Mrs. _____ Miss _____		Year 2016	Make Hurley	Model Road Master	
	Address (Street, City, State, Zip Code)		PA TITLE OR OUT-OF-STATE VIN			
	Description of damaged property:					

IF MORE VEHICLES/PEDESTRIANS/OCCUPANTS ARE INVOLVED USE ADDITIONAL REPORTS.

PERSONS INVOLVED	NAME	AGE	SEX	VEH.NO.	INJURY CLASS	ACTIVE RESTRAINT	INJURY TYPE	SEATING POSITION	ACTIVE RESTRAINT	PASSIVE RESTRAINT
	Darren Ryan	18			1	0 - No Injury 1 - DEATH 2 - MAJOR INJURY 3 - MODERATE INJURY 4 - MINOR INJURY 9 - UNKNOWN	0 - NONE 1 - SHOULDER HARNESS ONLY 2 - SEAT BELT ONLY 3 - COMBINATION (HARNESS & BELT) 4 - CHILD RESTRAINT 7 - MOTORCYCLE HELMET 8 - OTHER 9 - UNKNOWN	-4	--1	--1
Carson Gray	29			2			2	1	9	9
					POSITION 1 - DRIVER 2-6 - PASSENGER 7 - PEDESTRIAN 8 - OTHER					
						PASSIVE RESTRAINT 0 - NONE OR PEDESTRIAN 1 - AIRBAG (DEPLOYED) 2 - AIRBAG (NOT DEPLOYED) 3 - AUTOMATIC SEAT BELT 8 - OTHER 9 - UNKNOWN				

Insurance Information	Company	Insurance Information	Company
Unit 1		Unit 2	Policy No. STAC 80

WEATHER:

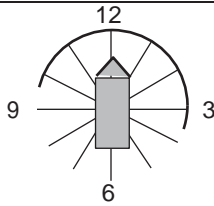
Rain Snow Clear Foggy Other

ROADWAY:

Wet Snowy Dry Icy Rain

0 = None
 1 = 1 o'clock
 2 = 2 o'clock
 3 = 3 o'clock
 4 = 4 o'clock
 5 = 5 o'clock
 6 = 6 o'clock
 7 = 7 o'clock
 8 = 8 o'clock
 9 = 9 o'clock

10 = 10 o'clock
 11 = 11 o'clock
 12 = 12 o'clock
 13 = Top of Vehicle
 14 = Vehicle Undercarriage
 15 = Use when the initial impact was with a towed unit (such as utility trailer vehicle, horse van, etc...)
 99 = Unknown



VEHICLE NUMBER 1:

INITIAL IMPACT POINT 1-2

LEGAL SPEED 25 MPH

ESTIMATED SPEED 5-10 MPH

VEHICLE NUMBER 2:

INITIAL IMPACT POINT 7-8

LEGAL SPEED 25 MPH

ESTIMATED SPEED 0-5 MPH

INSTRUCTIONS:

1. Draw Diagram As Clearly As You Can.
2. Show Your Vehicle As Number 1.
3. Label All Streets, Highways, and Landmarks.
4. Draw An Arrow In Circle Below So It Points North.
5. Complete Narrative.

Indicate North By Arrow



See attached diagram

GIVE A DETAILED DESCRIPTION OF THE ACCIDENT IMMEDIATELY PRIOR TO IMPACT, AT IMPACT, AND IMMEDIATELY AFTER IMPACT, REFER TO VEHICLES BY NUMBERS

Unit 1 was heading west bound on Webster. Unit 1 was apparently pulling into a designated parking space when the accident occurred. Unit 2 was parked directly in front of said parking space. Operator of Unit 2 was seated on vehicle when struck from behind. Speed of Unit 2 was undetermined, however, this officer discovered that the engine for Unit 2 was engaged on this officer's arrival. This officer turned Unit 2 off and removed keys. Said keys were placed into an evidence bag for safekeeping.

SIGNATURE

DATE 9/4/17

Webster

west
→



X
Montana Max's

* final resting places
of vehicles

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF STEELTON

CARSON GRAY;

Plaintiff/Counterclaim Defendant,

GD No.: 17-01081977

v.

DARREN RYAN;

Defendant/Counterclaim Plaintiff.

JURY INSTRUCTIONS

BELIEVABILITY OF WITNESSES GENERALLY

As judges of the facts, you decide the believability of the witnesses' testimony. This means that you decide the truthfulness and accuracy of each witness' testimony and decide whether to believe all, or part, or none of that witness' testimony. The following are some of the factors that you may and should consider when determining the believability of the witnesses and their testimony:

- a. How well could each witness see, hear or know the things about which he or she testified?
- b. How well could the witness remember and describe those things?
- c. Was the ability of the witness to see, hear, know, remember, or describe those things affected by age or by any physical, mental or intellectual deficiency?
- d. Did the witness testify in a convincing manner? How did the witness look, act and speak while testifying?
- e. Was the testimony uncertain, confused, self-contradictory or presented in an evasive manner?
- f. Did the witness have any interest in the outcome of the case, or any bias, or any prejudice, or any other motive that might have affected his or her testimony?

- g. Was a witness' testimony contradicted or supported by other witnesses' testimony or other evidence?
- h. Does the testimony make sense to you?
- i. If you believe some part of the testimony of a witness to be inaccurate, consider whether that inaccuracy cast doubt upon the rest of that same witness' testimony. This may depend on whether the inaccuracy is in an important matter or in a minor detail.
- j. You should also consider any possible explanation for the inaccuracy. Did the witness make an honest mistake or simply forget, or was there a deliberate attempt to present false testimony?
- k. If you find that a witness intentionally lied about a significant fact that may affect the outcome of the trial, you may, for that reason alone, choose to disbelieve the rest of that witness' testimony. But, you are not required to do so.
- l. As you decide the believability of each witness' testimony, you will at the same time decide the believability of other witnesses and other evidence in the case.
- m. If there is a conflict in the testimony, you must decide which, if any, testimony you believe is true.

As the only judges of believability and facts in this case, you, the jurors, are responsible to give the testimony of every witness, and all the other evidence, whatever credibility and weight you think it is entitled to receive.

CONFLICTING TESTIMONY

You may find inconsistencies *within* the testimony of a single witness, or conflicts *between* the testimony of several witnesses. Conflicts or inconsistencies do not necessarily mean that a witness intentionally lied. Sometimes two or more persons witnessing the same incident see, hear or remember it differently. Sometimes a witness remembers incorrectly or forgets. If the testimony of a witness seems inconsistent within itself, or if the

testimony given by several witnesses conflicts, you should try to *reconcile* the differences. If you cannot reconcile the differences, you must then decide which testimony, if any, you believe.

DIRECT AND CIRCUMSTANTIAL EVIDENCE

The evidence presented to you may be either *direct* or *circumstantial evidence*. *Direct evidence* is testimony about what a witness personally saw, heard or did. *Circumstantial evidence* is testimony about one or more facts that logically lead you to believe the truth of another fact. You should consider both *direct* and *circumstantial* evidence in reaching your verdict. You may decide the facts in this case based upon circumstantial evidence alone.

NEGLIGENCE – DEFINITION

The issue for your determination in this matter is whether one or both of the parties were negligent in the operation of vehicles on the date of the collision. I will now explain what negligence is. A person must act in a reasonably careful manner to avoid injuring others. The care required varies according to the circumstances and the degree of danger at a particular time. You must decide how a reasonably careful person would act under the circumstances established by the evidence in this case. A person who does something a reasonably careful person would not do under the circumstances is negligent. A person also can be negligent by failing to act. A person who fails to do something a reasonably careful person would do under the circumstances is negligent.

BURDEN OF PROOF: PREPONDERANCE OF EVIDENCE STANDARD

In civil cases, the Plaintiff has the burden of proving his or her claims.

The Plaintiff must prove his or her claims by a legal standard called “a preponderance of the evidence.” Preponderance of the evidence means the claim is more

likely true than not.

If, after considering all the evidence, you find the Plaintiff's claims are more likely true than not, you must find for the Plaintiff.

Think about an ordinary balance scale with a pan on each side to hold objects. Imagine using the scale as you deliberate in the jury room. Place all the evidence favorable to the Plaintiff in one pan. Place all evidence favorable to the Defendant in the other. If the scales tip, even slightly, to the Plaintiff's side, then, you must find for the Plaintiff. If, however, the scales tip even slightly on the Defendant's side, or if the two sides balance, then you must find for the Defendant.

In this case, the Plaintiff has the burden of proving the following claims:

- a. The Defendant was negligent;
- b. The Defendant's negligence was a proximate cause in bringing about the harms/damages; and,
- c. The extent of damages caused by the Defendant's negligence.

The party asserting a counterclaim has the same burden as the Plaintiff in making a claim as stated in sections a-c above.

NEGLIGENCE PER SE

Proof of violation of a statute of Steelton, by a preponderance of the evidence, satisfies the elements of duty and breach of the negligence standard. A party must also prove that the violation of the statute was the proximate cause of the harm and the existence of damages.

PROXIMATE CAUSE

"Proximate cause" is an act or failure to act which, in the natural continuous

sequence, was a substantial factor in producing the injury, and without which injury would not have occurred. Proximate cause occurs when the injury is the natural and foreseeable result of the act or failure to act.

CONCURRING CAUSES

Sometimes a person's negligent conduct combines with other people's conduct to cause harm.

When a defendant's negligent conduct combines with the conduct of other persons, the defendant is legally responsible if his or her negligent conduct was one of the factual causes of the harm.

In such a case, Defendant is fully responsible for the harm suffered by Plaintiff regardless of the extent to which Defendant's conduct contributed to the harm.

COMPARATIVE NEGLIGENCE

Defendant and Counterclaim Defendant claim that the opposing party's own negligence contributed to his/her harm. To succeed on this claim, a party must prove both of the following:

- a. That opposing party was negligent; and
- b. That opposing party's negligence was the proximate cause of his/her harm.

If a party has proved the above, the opposing party's damages are reduced by your determination of the percentage of that party's responsibility. You will need to provide the percentage of negligence you attribute to each party's own conduct on the verdict form, where asked.

The party making the claim does not have the burden to prove he or she was *not* negligent.

BURDEN OF PROOF ON THE ISSUES

In this case, there is a claim by the Plaintiff, and a counterclaim by the Defendant. On each claim, you may find for or against either party. You may reach one of four results:

1. You may find for the Plaintiff on Plaintiff's claim and against the Defendant on Defendant's counterclaim, or
2. You may find for the Defendant on Defendant's counterclaim and against the Plaintiff on Plaintiff's claim, or
3. You may find for the Plaintiff on Plaintiff's claim and for the Defendant on Defendant's counterclaim, or
4. You may find against the Plaintiff on Plaintiff's claim and against the Defendant on Defendant's counterclaim.

IN THE UNITED STATES DISTRICT COURT
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Plaintiff/Counterclaim Defendant,

GD No.: 17-01081977

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VERDICT SHEET

Question 1:

Was Darren Ryan negligent by a preponderance of the evidence?

Yes ___ No ___

If your answer is YES, proceed to Question 2. If your answer is NO, proceed to Question 3.

Question 2:

Was the negligence of Darren Ryan a proximate cause of any harm to Carson Gray?

Yes ___ No ___

No matter your answer, proceed to Question 3.

Question 3:

Was Carson Gray negligent by a preponderance of the evidence?

Yes ___ No ___

If your answer is YES, proceed to Question 4. If your answer is NO, do not answer any more questions.

Question 4:

(a) Was the negligence of Carson Gray a proximate cause of any harm to Carson Gray?

Yes ___ No ___

(b) Was the negligence of Carson Gray a proximate cause of any harm to Darren Ryan?

Yes ___ No ___

If your answer to either Question 4(a) or 4(b) is YES, and your answer to Questions 1 and 2 are YES, proceed to Question 5. Otherwise, do not answer any more questions.

If your answers to both Question 4(a) and 4(b) are NO, do not answer any more questions.

Question 5:

If you find that Carson Gray and/or Darren Ryan were negligent, taking the combined negligence that was a proximate cause of harm to each Carson Gray and Darren Ryan as 100%, what percentage of that negligence do you attribute to Carson Gray and what percentage do you attribute to Darren Ryan?

Percentage of negligence attributable to Carson Gray _____%

Percentage of negligence attributable to Darren Ryan _____%

Total 100%

Advise the court officer that you have reached a verdict.