

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

ELIZABETH JANE HILL, )  
 )  
 Plaintiff, )  
 )  
 vs. )  
 )  
 COOK MEDICAL, LLC, COOK )  
 INCORPORATED, AND WILLIAM )  
 COOK EUROPE, )  
 )  
 Defendants. )  
 \_\_\_\_\_ )

1:14-cv-6016-RLY-TAB

**VERDICT FORM**

**1. Has the Plaintiff proven, by a preponderance of the evidence, that the design of the Celect IVC filter was defective?**

Yes \_\_\_\_\_

No

If your answer to Question 1 is "yes," then go to Question 2. If your answer to Question 1 is "no," then the foreperson should sign and date this form.

**2. Has Plaintiff proven, by a preponderance of the evidence, that the Celect IVC filter's defective design was the legal cause of the loss, injury, or damage to Plaintiff?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If your answer to Question 2 is “yes,” then go to Questions 3 and 4. If your answer to Question 2 is “no,” then the foreperson should sign and date this form.

**3. Has Cook proven, by a preponderance of the evidence, that Plaintiff knowingly, voluntarily, and deliberately exposed herself to the danger she has complained of despite having a reasonable opportunity to avoid it?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**4. Has Cook proven, by a preponderance of the evidence, that some unforeseeable natural cause or some other unforeseeable cause was the sole legal cause of loss, injury, or harm to Plaintiff?**

Yes \_\_\_\_\_

No \_\_\_\_\_

If you answered “yes” to Question 3 or Question 4, then your verdict is for Cook and you should sign and date this verdict form.

If you answered “no” to Question 3 and Question 4, please answer Question 5.

**5. What is the total amount of Plaintiff’s damages for incurred medical expenses and pain and suffering?**

\$ \_\_\_\_\_

**The Foreperson should sign and date this Verdict Form.**

\_\_\_\_\_  
Foreperson's Signature

Dated: 11-9-17