

FAX MESSAGE

FRAIZE LAW OFFICES

Barristers, Solicitors and Notaries

THOMAS W. FRAIZE, Q.C.
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DATE: May 16, 2018

TO: Board of Commissioners of
Public Utilities
FROM: Thomas W. Fraize, Q.C.

Fax # 726 9604

ATTN: _____

Number of Pages: 3
(Including cover page)

RE: 2018 Automobile Insurance Review
Intervenor Submission Form
Spinal Cord Injury NL

COMMENTS:

See attached form.

**Board of Commissioners of Public Utilities
Newfoundland and Labrador**

Intervenor Submission Form

All information provided on this form will be placed on the public record for this proceeding

2018 AUTOMOBILE INSURANCE REVIEW

Intervenor Information

Name: Michael Burry	Mailing Address: PO Box 21284
Title: Executive Director	City: St. John's
Organization: Spinal Cord Injury NL	Province: NL
Telephone: 709 753 5901	Postal Code: A1A 5G6
Facsimile:	Email: mburry@sci-nl.ca
Address for delivery (if different from mailing address): 10 Austin Street Suite 101	

Legal Counsel / Representative (if applicable)

Name: Thomas W. Fraize, Q.C.	Mailing Address: P.O. Box 5217, Stn. C
Title:	City: St. John's
Organization: Fraize Law Offices	Province: NL
Telephone: 709 726 7978	Postal Code: A1C 5W1
Facsimile: 709 726 8201	Email: tfraize@fraizelawoffices.nf.net
Address for delivery (if different from mailing address): 268 Duckworth St.	

Interest in the Proceeding

List the topics/issues you are interested in.

- Specific economic implications: actual benefit in insurance premiums versus the benefit a person would receive should they be injured in an automobile accident;
- Implications for injured persons whose way of life dictates a different perspective on pain and suffering;
- Implication for those with existing injuries who receive new injuries resulting from an MVA.

What facts or documentation will you rely on?

- Potential client testimonials;
- Documentation from our organization's work with new injuries (peer support program).

How is your interest unique and not represented by others?

This directly relates to our existing clients (and future clients), specifically, persons with spinal cord injuries and other mobility impairments, and their right to a good quality of life following an injury.

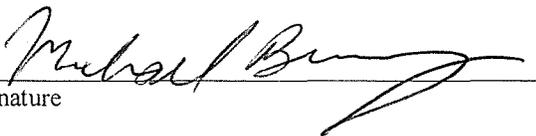
Participation in the Proceeding

Do you intend to:

i. Appear throughout the hearing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ii. Submit written evidence	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Ask written questions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
iv. File expert reports	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
v. Call witness(es)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
vi. Cross examine witnesses	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
vii. Present final submissions	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you intend to call expert witness(es) provide the following information on a separate attachment for each witness: Name of witness, address, qualifications, and subject/issue that will be addresses by the witness

N/A


Signature

May 16, 2018
Date

Completed forms must be received by the Board on or before May 16, 2018 and may be submitted by mail, courier, fax or email at the addresses below:

Mail
Board of Commissioners of Public Utilities
P.O. Box 21040
St. John's, NL
Canada, A1A 5B2

Courier/Hand delivered
Board of Commissioners of Public Utilities
120 Torbay Road
Prince Charles Building, Suite E-210
St. John's, NL
A1A 5B2

Facsimile/email
F: 709-726-9604
E: ito@pub.nl.ca

Send Result Report



MFP

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No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
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