

SETTLEMENT DEMAND

**PRIVILEGED/CONFIDENTIAL COMMUNICATION
PURSUANT TO CALIFORNIA EVIDENCE CODE SECTION 1152
SOLELY FOR USE IN SETTLEMENT NEGOTIATIONS**

DATE: ____

Addressee:

Our client:

Your Insured:

Claim Number:

Date of loss:

March 8, 2012

Dear ____:

This office represents _____ concerning the injuries he suffered as a result of crashing his bike after a dog ran out in front of him on March 8, 2012.

As particularly set forth below, please accept our client's settlement demand in the amount of \$____. If this amount exceeds your insured's available policy limits, please consider this a policy limits demand. Acceptance of the policy limits is conditioned upon a receipt of a certified copy of the policy declarations page. Our client will be responsible for any and all liens that may attach to this settlement. **This settlement offer shall remain open for 30 days from the date of this letter, ____**

FACTS AND LIABILITY

Mr. _____ was riding his motorcycle southbound on _____ Road at a speed of 35 mph. An unrestrained dog located at 22094 Adobe Road noticed the approaching motorcycle and ran from the residence to chase him. When the dog did so, it ran directly in front of Mr. _____ motorcycle. The front end of his motorcycle hit the dog causing the motorcycle to overturn. The motorcycle came to rest on the left side and Mr. _____ sustained injuries to his left side. **(Exhibit-1)**

PROPERTY DAMAGE

As a result of the accident on March 8 2012, the 1997 Suzuki DR650SE, VIN: JS1SP46A8V2100252 sustained moderate damage. **(Exhibit-2)**

The total damage was estimated at \$ 3,671.00

SUMMARY OF PHYSICAL INJURIES

As a result of the impact Mr. _____ suffered significant injuries as follows:

- Multiple abrasions at various sites
- Cellulitis of fingers on the left hand
- Internal derangement of left knee
- Left shoulder strain

TREATMENT OF INJURIES

Multiple abrasions at various sites

Mr. _____ presented to Dr. _____ at _____ Clinic **(Exhibit-3)** on March 8, 2012 with multiple abrasions over the left shoulder, arm, hand and knee. The wounds were cleansed and gently debrided. Topical Lidocaine gel was applied. The wounds were dressed using gauze with Telfa and Silvadene. On March 28, 2012, the abrasions were noted to be healing well.

Cellulitis of fingers on the left hand

Mr. _____ presented to the _____ Walk-In Clinic **(Exhibit-3)** on March 13, 2012 for follow-up. Mild purulent debris was noted on the left 3rd and 4th fingers. He was diagnosed to have cellulitis of the fingers and he was immunized with Tdap for the same. The wounds were dressed and Bactrim was prescribed.

Internal derangement of the left knee

On March 8, 2012, Mr. _____ presented to Dr. _____ at _____ Walk-In Clinic **(Exhibit-3)** with complaints of left knee pain after the accident. His left knee was swollen and he was limping because of the knee pain. It was diagnosed as contusion of the left knee and was injected with Toradol 60 mg. X-ray of the left knee was performed at _____ Imaging **(Exhibit-4)** and no fracture was identified. He was advised to wear immobilizer. On March 28, 2012, Mr. _____ complained of pain and instability of the left knee. Later he was referred to Dr. _____ (orthopedist) for evaluation of his left knee. He was evaluated by Dr. _____ and was diagnosed to have sprain of the medial collateral ligament of left knee, swelling and internal derangement of the knee. He recommended Mr. _____ to wear a hinged knee brace for support and stability. Also he was advised to start physical therapy. Mr. _____ presented to Dr. _____ **(Exhibit-5)** who recommended and MRI of the left knee. MRI of the left knee performed at _____ Imaging **(Exhibit-6)** revealed complex tear to the body and posterior horn of the medial meniscus, tiny tear to the posterior horn of the lateral meniscus,

complete proximal ACL tear and bone bruise of the tibial plateau, medial greater than lateral. He was referred to Orthopedics and Sports Medicine by Dr. I At a Orthopedics and Sports Medicine (Exhibit-7) he was recommended to undergo surgical treatment for the anterior cruciate ligament injury.

Left shoulder strain

Mr. presented to Walk-In Clinic (Exhibit-3) on March 28, 2012 with complaints of left shoulder pain. Left shoulder was tender on palpation over the proximal arm and there was decreased range of motion in the left shoulder. He was referred to physical therapy. Left shoulder X-ray was performed at Imaging (Exhibit-6) which revealed moderate osteoarthritic changes of the left acromioclavicular joint. He presented to Dr. (Exhibit-5) who recommended an MRI of the left shoulder. MRI of the left shoulder revealed inferior capsular sprain, probable superior labral tear anterior to posterior and osteoarthritic changes of the acromioclavicular joint. At Orthopedics and Sports Medicine (Exhibit-7) the left shoulder was noted to be improving, however a diagnostic/therapeutic injection in the subacromial space was considered for further evaluation.

MEDICAL EXPENSES

Mr. has incurred \$_____ in medical expenses for treatment (Exhibit-8) of the injuries he suffered because of the accident. Copies of medical bills are attached and itemized below

Walk-In Medical Clinic:	\$889.00
Imaging:	\$77.00
:	\$
CTR:	\$
:	\$
Orthopedics & Sports Medicine:	\$
Total Medical Expenses:	\$_____

FUTURE MEDICAL EXPENSES

Mr. was recommended to undergo surgical treatment for his anterior cruciate ligament injury of the left knee and diagnostic/therapeutic injection in the subacromial space of the left shoulder. (Exhibit-10)

The total out of pocket expenses for future medical expenses will be in excess of \$ 30,130.22.

PAST LOSS OF INCOME

Mr. was working as a laborer for for \$12-15 dollars an hour. He was working on a flooring job for Ms. and was not able to complete it because of the motorcycle accident. He used to work for his room and board by doing various jobs such as feed animal, mow lawns, fix fence, etc for Ms. He was unable to continue his work because of the accident. He was also working on a flooring job for Mr. but was unable to complete and Mr. had to hire someone else to

complete the job on time. Upon completion of the job, Mr. _____ was to receive \$2,000. **(Exhibit-11)**. He lost \$4,500 income from jobs missed, room and board and monthly living expenses since the accident.

FUTURE LOSS OF INCOME

Mr. _____ was scheduled to do a remodeling job for The _____ for which he was to receive \$2,500 on completion of the job. But Mr. _____ could not take up this job because of his injuries due to the motorcycle accident. **(Exhibit-11)**.

LIFESTYLE IMPACT

Mr. _____ continues to experience left knee, upper arm and left ring finger pain. He has stumbling loss of balance, loss of coordination along with shoulder pain. He was unable to do anything for the first week and a half after the accident. He feels his knee popping and has trouble doing any physical activity. He continues to have left knee pain and he limps because of the pain. He wears a knee brace for support. He is unable to work due to the above limitations. **(Exhibit-12)**. His gait is affected by a left leg limp and he has pain during movement in the left knee.

LOSS OF CONSORTIUM

PUNITIVE DAMAGES

Demand is hereby made that your insured complete a declaration of assets attached as **Exhibit-13**

SUMMARY OF DAMAGES

Medical expenses	\$
Future medical expenses	\$ 30,130.22
Loss of income	\$
Future loss of income	\$
Lifestyle impact/loss of activities	\$
Loss of consortium	\$
Punitive Damages	\$
Property Damages	<u>\$3,671.00</u>
Total Damages:	\$

CONCLUSION

Demand is hereby made before the sum of \$ _____. If this amount exceeds your insured's policy limits and any applicable excess policies please provide the declaration page. Mr. _____ will be responsible for any and all liens. This policy limit demand shall remain open for 30 days through and including _____

Yours very truly,

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Exhibit 10	Future Medical Expense
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