ATTORNEY AT LAW

SAMPLE MOCK DEMAND LETTER BY PROPLAINTIFF.ai

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October 20, 2025

[Claims Adjuster]
Unknown
[Insurance Company Address]
[Insurance Company City], [Insurance Company State] [Insurance Company Zip]

RE: Demand for Settlement - Sarah Martinez

Introduction

Dear Claims Adjuster:

Please accept this correspondence as a formal demand for settlement on behalf of Sarah Martinez arising from the motor vehicle collision on March 15, 2024. The collision occurred at the intersection of Harbor Boulevard and Maple Street and involved a driver's-side impact; the opposing driver is identified as Robert Chen.

We are committed to resolving this matter promptly and amicably. The following sections present the legal and factual basis establishing liability, causation, and damages supporting this demand.

Legal Analysis

After a thorough review of the facts of this case, your insured Robert Chen is legally liable for this incident and all resulting damages.

Factual Basis for Liability

On March 15, 2024, at the signal-controlled intersection of Harbor Boulevard and Maple Street, Sarah Martinez lawfully entered the intersection on a green light while traveling approximately 22–25 mph in clear, dry conditions with good visibility and moderate traffic. Harbor Boulevard is a four-lane divided roadway posted at 45 mph, and Maple Street is a two-lane residential street posted at 25 mph. These conditions and traffic controls imposed a clear duty of care on all motorists approaching and entering the intersection.

At the same time, Robert Chen was operating a 2022 Ford F-550 box truck owned by Greenfield Logistics, Inc., southbound on Harbor Boulevard while carrying roughly 8,000 pounds of commercial kitchen equipment and running approximately 45 minutes behind schedule. As Ms. Martinez proceeded through her green light, Mr. Chen entered the intersection against a red signal that had been red for approximately 2.3 seconds and struck Ms. Martinez's vehicle on the driver's side at an estimated 38–42 mph, as determined by an accident reconstruction using skid marks, vehicle damage, and the truck's electronic logging device.

Officer Amanda Rodriguez responded to the scene and issued Mr. Chen a citation for running the red light. Two independent pedestrian witnesses confirmed the signal was "definitely red" when the truck entered, with one estimating the red phase had lasted "at least two seconds, maybe three." Although traffic-camera footage was affected by sun glare and could not definitively show the signal color, traffic-signal maintenance records confirm the system had been inspected and was functioning properly three weeks before the collision. The investigation found no evidence that Ms. Martinez was speeding; witnesses described her speed as normal for the area, and forensic analysis found no cellphone use by either driver within five minutes of the crash. Mr. Chen admitted to the responding officer, "The light was yellow when I entered the intersection. I couldn't stop in time with the load I was carrying."

The collision immediately precipitated emergency medical response and acute treatment. Contemporaneous records document EMS arrival and handoff on March 15, 2024, imaging that same day confirming left rib fractures (ribs 6–8) and a displaced mid-shaft fracture of the left humerus, and an operative ORIF of the left humerus on March 16 with placement of a locking compression plate and screws; a March 18 radiology addendum confirmed appropriate hardware position. This unbroken chain of objective medical findings and surgical treatment directly links Mr. Chen's red-light violation to Ms. Martinez's traumatic injuries and resulting damages.

Legal Authority

Motorists owe a duty to exercise reasonable care, including strict compliance with traffic control signals, maintaining a proper lookout, and operating at safe speeds appropriate to conditions. The red-light citation, corroborating eyewitness statements, and objective signal-timing and maintenance records establish a clear breach of that duty by Mr. Chen, and the ensuing driver-side impact and immediate medical findings demonstrate causation between the violation and Ms. Martinez's injuries. The venue applies a modified comparative negligence standard that bars recovery only if a plaintiff is more than 50% at fault; the record shows Ms. Martinez lawfully entered on a green signal, was not speeding, and was not distracted, negating any comparative fault.

Medical Summary

Our client, Sarah Martinez, sustained significant injuries requiring extensive medical treatment as a direct result of this accident.

Injury Overview

On March 15, 2024, Ms. Martinez was transported by ambulance to St. Joseph's Medical Center for emergency evaluation. The initial trauma assessment documented significant pain with left ribcage and left arm tenderness. Same-day diagnostic imaging showed a displaced fracture of the left humerus requiring surgical intervention, fractures of left ribs 6–8, a

moderate pulmonary contusion, and additional left shoulder soft tissue injury. CT imaging of the head and neck was negative for brain injury or cervical spine fracture.

Definitive management was performed the following day. On March 16, 2024, orthopedic surgeon Dr. Michael Stevens completed an open reduction and internal fixation (ORIF) of the left humerus under general anesthesia, utilizing a titanium plate and eight screws. The procedure lasted approximately two hours, with postoperative recovery in the PACU before transfer to the inpatient floor. Ms. Martinez remained hospitalized for three days for pain management and monitoring. Postoperative imaging on March 18, 2024 confirmed appropriate hardware position. During the inpatient period, nursing records documented pain scores ranging from 3/10 to 7/10 and respiratory care with incentive spirometry.

Despite overall recovery, Ms. Martinez continues to experience functional limitations and symptoms. She has persistent reduced left shoulder range of motion to approximately 70% of pre-injury mobility, chronic left arm pain averaging 3–4/10 with episodic flares to 6–7/10, and a permanent 8-inch surgical scar. Her treating providers opine she has reached maximum medical improvement with a 25% permanent partial impairment to the left upper extremity, ongoing intersection-related anxiety, and potential future surgical needs if hardware complications arise (approximately 15% likelihood). Projected future care includes annual orthopedic monitoring, ongoing pain management, periodic physical therapy, and psychological maintenance therapy.

Treatment Summary

Emergency Care and Initial Treatment

On March 15, 2024, EMS transported Ms. Martinez to St. Joseph's Medical Center, where emergency clinicians conducted a trauma assessment and ordered diagnostic studies. CT of the head/neck was negative. X-rays confirmed a displaced left humerus fracture requiring surgery, three left rib fractures (ribs 6–8), and a moderate pulmonary contusion; additional imaging identified left shoulder soft tissue injury. On March 16, 2024, Dr. Michael Stevens performed ORIF of the left humerus with titanium plate-and-screw fixation under general anesthesia. She was monitored postoperatively in the PACU and transferred to the inpatient floor, with postoperative imaging on March 18, 2024 confirming appropriate hardware position. She remained hospitalized three days for pain control and monitoring, with nursing documentation reflecting pain scores between 3/10 and 7/10 and incentive spirometry for pulmonary hygiene.

Ongoing Medical Care and Specialists

Date(s)	Provider	Treatment/Notes
03/15/2024	**St. Joseph's Medical Center (Emergency Department)**	**Initial trauma evaluation; CT head/neck negative; X-rays confirmed displaced left humerus fracture, left ribs 6–8 fractures, pulmonary contusion; additional shoulder soft tissue injury identified.**
03/16/2024	**Michael P. Stevens, M.D. (Orthopedic Surgery)**	**ORIF of left humerus; titanium plate and eight screws; approximately two-hour procedure; inpatient monitoring for three days.**
03/16/2024	**Anesthesiology (Lisa Nguyen, M.D.)**	**General anesthesia; induction with propofol, fentanyl, and rocuronium; PACU recovery and transfer to floor at 11:40.**

Date(s)	Provider	Treatment/Notes
03/18/2024	Radiology	Postoperative imaging confirmed appropriate hardware position post-ORIF.
Initiated ~04/2024; Apr–Oct 2024	Physical Therapy (Daniel Ross, PT, DPT)	Therapy initiated four weeks post-surgery; three sessions per week for six months (72 total) focusing on ROM, strength, and functional mobility; progress tempered by rib-related pain.
08/20/2024; 10/01/2024; 11/12/2024	Pain Management (Laura M. Chen, M.D.)	Fluoroscopy-guided thoracic epidural steroid injections with dexamethasone for persistent thoracic pain.
04/02/2024–09/2024	Jennifer Wong, Psy.D. (Clinical Psychology)	Initial evaluation April 2; weekly therapy for six months (26 CBT-based sessions); diagnoses include PTSD and adjustment disorder with anxiety; documented nightmares, avoidance, restricted affect.
Ongoing	Primary Care	Anti-anxiety medication prescribed; continued monitoring of anxiety symptoms related to the collision.

Diagnostic Testing and Procedures

Date	Study/Procedure	Key Findings/Details
03/15/2024	CT Head/Neck	Negative for brain injury or cervical spine fracture; no acute intracranial hemorrhage.
03/15/2024	Chest X-ray	Fractures of left ribs 6–8 consistent with chest trauma.
03/15/2024	Left Humerus X-ray	Displaced mid-shaft humeral fracture requiring surgical fixation.
03/16/2024	ORIF – Left Humerus	Titanium plate with eight screws; approximately two-hour procedure under general anesthesia.
03/18/2024	Post-operative Imaging	Appropriate hardware position post-ORIF confirmed.

Rehabilitation and Therapy

- Physical Therapy: Initiated four weeks post-surgery; three sessions per week for six months (72 total) focusing on shoulder ROM, strengthening, and functional movement. Documented sessions include April 15, April 22, and May 2, 2024, with progressive reduction in pain scores. Progress was slowed by rib pain limiting certain exercises.
- Respiratory Care: Incentive spirometry utilized during hospitalization for pulmonary hygiene following rib fractures and pulmonary contusion.
- Pain Management (Acute): PRN oxycodone administered during initial inpatient period with nursing pain scores ranging from 3/10 to 7/10.
- Wound Care: Postoperative dressing changes documented as clean with no purulence.
- Behavioral Health: Weekly psychotherapy over six months addressing PTSD-related symptoms (nightmares, avoidance, restricted affect) with documented improvement.

- Interventional Pain: Three fluoroscopy-guided thoracic epidural steroid injections with dexamethasone (Aug 20, Oct 1, and Nov 12, 2024) for persistent thoracic pain.

Current Status, Prognosis, and Future Needs

- Maximum medical improvement with permanent partial impairment of 25% to the left upper extremity; ongoing chronic pain and functional limitations.
- Persistent reduced shoulder range of motion at approximately 70% of pre-injury mobility; chronic left arm pain averaging 3–4/10 with flares to 6–7/10.
- Permanent scarring of approximately 8 inches on the left arm.
- Continuing anxiety with significant distress when driving through intersections with heavy truck traffic; managed with psychotherapy and anti-anxiety medication.
- Potential future surgery if hardware becomes problematic (approximately 15% likelihood).
- Projected future medical needs: annual orthopedic monitoring, ongoing pain management, periodic physical therapy, and psychological maintenance therapy, with specific projected costs identified for these services.

A detailed medical chronology follows and will itemize the above encounters, diagnostics, therapies, and costs in chronological order.

Medical Chronology

The following table provides a comprehensive chronological summary of all medical treatment received by Sarah Martinez related to this accident.

Chronological Summary — Diagnoses and Reasons for Care

Date	Provider	Diagnosis / Reason for Visit
2024-03-15	**EMS (Pre-hospital)**	**Trauma evaluation and initial stabilization; immobilization and transport to St. Joseph's Medical Center**
2024-03-15	**St. Joseph's Medical Center — Emergency Department**	**Displaced fracture of the left humerus; fractures of left ribs 6–8; moderate pulmonary contusion; left shoulder soft tissue injury; CT head/neck negative**
2024-03-15	**Radiology Department**	**CT head/neck: no acute intracranial hemorrhage; Chest X-ray: left ribs 6–8 fractures; Left humerus X-ray: displaced mid-shaft fracture**
2024-03-16	**Orthopedic Surgery — Dr. Michael Stevens, M.D.**	**Operative management of displaced left humerus fracture (ORIF)**
2024-03-16 to 2024-03-18	**St. Joseph's Medical Center (Inpatient)**	**Pain management and post-operative monitoring**

Date	Provider	Diagnosis / Reason for Visit
2024-03-18	Radiology Department	Post-ORIF imaging review confirming appropriate hardware position
4 weeks post-surgery; April–October 2024	Physical Therapy	Post-ORIF rehabilitation; limited shoulder mobility; course impacted by rib injuries
2024-08-20; 2024-10-01; 2024-11-12	Pain Management	Persistent thoracic pain; thoracic epidural steroid injections
6-month course (dates in record excerpt not itemized)	Dr. Jennifer Wong, Psy.D. (Clinical Psychology)	PTSD and adjustment disorder with anxiety; driving/intersection-related anxiety, nightmares, hypervigilance, avoidance
Post-accident (date not specified)	Primary Care Physician	Pharmacologic management for anxiety
As of October 2025	Current Clinical Status	~70% of pre-injury shoulder mobility; chronic left arm pain with episodic flares; rib pain with exertion; 8-inch surgical scar; continued intersection-related distress

Chronological Summary — Treatments and Prognoses

Date	Treatment / Service	Prognosis / Provider Assessment
2024-03-15	Emergency transport and handoff to St. Joseph's Medical Center Emergency trauma evaluation and imaging (CT head/neck; chest and humerus X-rays) Surgical consultation for displaced humerus fracture	Stabilized in the ED; operative management recommended for humerus fracture
2024-03-16	Open reduction and internal fixation (ORIF) of left humerus (titanium plate and screws) Anesthesia: general endotracheal; induction with propofol and fentanyl; uneventful extubation Post-anesthesia care: monitored per protocol; transferred to floor after criteria met	Procedure completed without anesthesia complications; transition to inpatient recovery
2024-03-16 to 2024-03-18	Inpatient pain management and monitoring (multiple PRN oxycodone administrations documented) Neurovascular checks intact; respiratory care with incentive	Discharged after stabilization; continue recovery with outpatient follow-up

Date	Treatment / Service	Prognosis / Provider Assessment
	spirometry Daily dressing assessments (clean, no purulence)	
2024-03-18	**Post-ORIF radiographic follow-up confirming appropriate hardware position**	**Hardware appropriately positioned; continue standard post-operative course**
4 weeks post-surgery; April–October 2024	**Physical therapy initiated 4 weeks post-op Planned frequency: 3 sessions/week for 6 months (72 total); documented session pain scores and ROM/strengthening focus**	**Gradual improvement expected; progress slower due to rib injuries; residual limitations possible**
Over 8 months post-op	**12 orthopedic follow-ups; hardware to remain unless complications develop**	**Persistent reduced ROM; maximum medical improvement with permanent limitations; 25% impairment to left upper extremity; small chance of future hardware surgery**
2024-08-20; 2024-10-01; 2024-11-12	**Fluoroscopy-guided thoracic epidural steroid injections (dexamethasone 10 mg)**	**Short-term pain relief; ongoing pain management as needed**
6-month course (weekly)	**Psychotherapy with Dr. Jennifer Wong, Psy.D. for PTSD/adjustment disorder**	**Symptoms genuine and consistent with motor vehicle accident trauma; may persist for years with ongoing intersection anxiety**
Post-accident (date not specified)	**Primary care: anti-anxiety medication management**	**Medication as adjunct to psychotherapy**
As of October 2025	**Home exercise and symptom management**	**~70% shoulder mobility; arm pain 3–4/10 with flares 6–7/10; rib pain with exertion; 8-inch arm scar; ongoing intersection-related distress**

- Emergency transport and handoff to St. Joseph's Medical Center
- Emergency trauma evaluation and imaging (CT head/neck; chest and humerus X-rays)
- Surgical consultation for displaced humerus fracture
- Open reduction and internal fixation (ORIF) of left humerus (titanium plate and screws)
- Anesthesia: general endotracheal; induction with propofol and fentanyl; uneventful extubation
- Post-anesthesia care: monitored per protocol; transferred to floor after criteria met

- Inpatient pain management and monitoring (multiple PRN oxycodone administrations documented)
- Neurovascular checks intact; respiratory care with incentive spirometry
- Daily dressing assessments (clean, no purulence)
- Post-ORIF radiographic follow-up confirming appropriate hardware position
- Physical therapy initiated 4 weeks post-op
- Planned frequency: 3 sessions/week for 6 months (72 total); documented session pain scores and ROM/strengthening focus
- 12 orthopedic follow-ups; hardware to remain unless complications develop
- Fluoroscopy-guided thoracic epidural steroid injections (dexamethasone 10 mg)
- Psychotherapy with Dr. Jennifer Wong, Psy.D. for PTSD/adjustment disorder
- Primary care: anti-anxiety medication management
- Home exercise and symptom management

Provider Summaries

St. Joseph's Medical Center — Emergency Department

- Credentials/Specialty: Emergency medicine facility.
- Key findings: Displaced left humerus fracture; left ribs 6–8 fractures; moderate pulmonary contusion; left shoulder soft tissue damage; CT head/neck negative.
- Treatment: Emergency assessment, imaging, and stabilization; surgical consult for ORIF.
- Causality: ED records document traumatic injuries contemporaneous with the collision; operative care followed based on these findings.

Orthopedic Surgery — Michael P. Stevens, M.D. (Treating Surgeon)

- Credentials/Specialty: Board-certified orthopedic surgeon; 22 years' experience; Chief of Orthopedics at St. Joseph's Medical Center.
- Key findings and treatment: ORIF of left humerus with titanium plate and screws; 12 follow-ups over 8 months; bone healed with persistent reduced ROM; hardware to remain unless complications develop.
- Recommendations/Prognosis: Maximum medical improvement with permanent limitations; 25% permanent partial impairment of the left upper extremity; possible future hardware surgery.
- Causality (highlighted): Injuries are consistent with a T-bone collision of this severity.

Radiology Department

- Key findings: CT head/neck negative; chest X-ray showing left ribs 6–8 fractures; left humerus X-ray showing displaced mid-shaft fracture; post-operative imaging on 03/18/2024 confirmed appropriate hardware position.

Anesthesiology

- Perioperative management: General anesthesia for ORIF (propofol, fentanyl; rocuronium; ETT 7.5 mm); extubation uneventful; met PACU discharge criteria and transferred to floor.

Inpatient Nursing (Hospital Floor)

- Care provided: Neurovascular checks intact; respiratory support with incentive spirometry; pain management with PRN oxycodone; daily dressing assessments (clean, no purulence).

Physical Therapy

- Course: Initiated 4 weeks post-surgery; prescribed 3 sessions/week for 6 months (72 sessions). Session notes document ROM/strengthening focus with recorded pain scores.
- Progress: Slower than typical due to rib injuries; persistent ROM deficit at six months.

Pain Management

- Treatments: Three thoracic epidural steroid injections in 2024 (fluoroscopy-guided; dexamethasone 10 mg).
- Findings/Prognosis: Short-term pain relief; baseline pain 3–4/10; periodic interventional management is reasonable and necessary.
- Causality (highlighted): Pain presentation is consistent with post-traumatic neuropathic and myofascial components.

Clinical Psychology — Jennifer Wong, Psy.D.

- Diagnoses: PTSD and adjustment disorder with anxiety.
- Treatment: Weekly psychotherapy over a 6-month course addressing flashbacks, intersection anxiety, nightmares, avoidance, and hypervigilance.
- Opinions/Prognosis: Symptoms genuine and consistent with motor vehicle accident trauma; may persist for years with likely continued intersection anxiety; treatment duration appropriate.
- Causality (highlighted): Symptoms are consistent with motor vehicle accident trauma.

Primary Care Physician

- Treatment: Prescribed anti-anxiety medication as part of ongoing management.

Life Care Planning — Rebecca Morrison, RN, CLCP

- Projected future needs: Annual orthopedic monitoring; ongoing pain management; possible future hardware removal surgery; periodic physical therapy; psychological maintenance therapy.
- Estimated future medical costs (present value): $127,000.

Unavailable Information

- Provider contact information and ICD-10 codes were not included in the available excerpts; these will be added upon receipt of the complete records.

Diagnostic Codes

The following diagnostic codes are causally linked to our client's accident and injuries.

The medical record excerpts available for this section do not display ICD-10 entries; we will supplement with the precise codes as soon as the providers' coded face sheets and billing abstracts are produced. The diagnoses, treating providers, dates, and causation are documented below.

Orthopedic and Thoracic Diagnoses

ICD Code	Description	Provider
Not listed in provided records	**Displaced fracture of the left humerus requiring surgical intervention**	**St. Joseph's Medical Center ER**
Not listed in provided records	**Left ribs 6–8 fractures**	**St. Joseph's Medical Center ER**
Not listed in provided records	**Moderate pulmonary contusion (lung bruising)**	**St. Joseph's Medical Center ER**

ICD Code	Description	Provider
Not listed in provided records	Moderate left shoulder soft tissue damage	St. Joseph's Medical Center ER
Not listed in provided records	Status post ORIF of left humerus with titanium plate and eight screws	Michael P. Stevens, M.D. — Orthopedic Surgery
Not listed in provided records	Post-Traumatic Stress Disorder	Jennifer Wong, Psy.D. — Treating Psychologist
Not listed in provided records	Adjustment disorder with anxiety	Jennifer Wong, Psy.D. — Treating Psychologist

Diagnosis	Date	Causality
Displaced fracture of left humerus	March 15, 2024	Diagnosed during immediate post-collision ER evaluation; treating orthopedic surgeon confirms injuries are consistent with a T-bone collision of this severity
Status post ORIF with internal fixation hardware	March 16, 2024	Accident-related surgical treatment; surgeon documents the procedure and hardware placement; treatment medically necessary and consistent with the mechanism of injury
Left ribs 6–8 fractures	March 15, 2024	Diagnosed immediately after the collision during ER evaluation
Moderate pulmonary contusion	March 15, 2024	Identified on imaging obtained immediately after the collision
Left shoulder soft tissue damage	March 15, 2024	Identified on additional imaging obtained immediately after the collision
Post-Traumatic Stress Disorder	April 2, 2024 (initial evaluation)	Treating psychologist testifies symptoms are genuine and consistent with motor vehicle accident trauma
Adjustment disorder with anxiety	April 2, 2024 (initial evaluation)	Treating psychologist testifies symptoms are genuine and consistent with motor vehicle accident trauma

Code Analysis

Severity and implications. Imaging on March 15, 2024 documented a displaced mid-shaft humeral fracture and left-sided rib fractures with a moderate pulmonary contusion. Definitive surgical care (ORIF) was performed on March 16, 2024 with titanium plate and eight screws, with subsequent imaging confirming appropriate hardware position. The orthopedic surgeon reports the hardware is permanent absent complications, a 25% permanent partial impairment to the left upper extremity, persistent reduced range of motion (approximately 70% of pre-

injury mobility), and chronic pain expected to continue. These findings reflect high-severity musculoskeletal trauma with permanent functional loss.

Accident-related causation. The ER diagnoses were made immediately after the collision during the emergency evaluation. The treating orthopedic surgeon testifies the injuries are consistent with a T-bone collision of this severity and confirms the treatment provided was medically necessary and consistent with the mechanism of injury. The treating psychologist similarly testifies that PTSD and anxiety symptoms are genuine and consistent with motor vehicle accident trauma.

Medical necessity of treatment. Hospital-based care included opioid analgesia and pulmonary hygiene measures (incentive spirometry) appropriate for rib fractures and pulmonary contusion. Postoperative rehabilitation was initiated four weeks after surgery at three sessions per week for six months, focusing on restoring arm strength, shoulder mobility, and functional movement; progress was slower due to concurrent rib injuries limiting certain exercises. Interventional pain management for persistent thoracic pain included fluoroscopy-guided epidural steroid injections on August 20, 2024, October 1, 2024, and November 12, 2024, with expert opinion that periodic interventional pain management every 6–12 months is reasonable and necessary. Psychological care addressed nightmares, avoidance, and hypervigilance consistent with PTSD following the collision, with ongoing treatment deemed clinically appropriate.

Damages

The following represents a detailed accounting of all damages incurred by Sarah Martinez to date. This summary is not exhaustive as damages continue to accrue.

Legal Framework for Damages

- Damages are monetary compensation intended to restore the injured party, as nearly as money can, to the condition they were in before the incident.
- Compensatory damages include both economic (medical expenses, lost wages, out-of-pocket costs, property damage, and future care) and non-economic losses (pain and suffering, emotional distress, loss of enjoyment of life, loss of consortium, disfigurement) directly caused by the collision.
- Causation requirement: All claimed damages are proximately caused by the defendant's negligence.
- Mitigation: Plaintiff has a duty to mitigate damages through reasonable medical treatment and to return to work when medically appropriate.

Economic Damages (Special Damages)

Medical Damages

Ms. Martinez's collision-related medical care includes emergency treatment and hospitalization, operative fixation of the left humerus, anesthesia services, extensive postoperative rehabilitation, interventional pain procedures, psychological treatment, medications, and diagnostic imaging. The billed amounts below reflect the medical specials to date.

Provider	Service Date/Period	Service Description	Amount Billed
St. Joseph's Medical Center	March 15, 2024	Emergency room and initial hospitalization	$34,200
Dr. Michael Stevens (Orthopedic Surgery)	March 16, 2024	Open reduction and internal fixation (ORIF) of left humerus; hardware placement	$42,800
Anesthesiology	March 16, 2024	General anesthesia services for ORIF	$3,400
Orthopedic Follow-up (Dr. Stevens)	Post-op over 8 months	Follow-up orthopedic visits (12 appointments)	$4,800
Physical Therapy	Initiated 4 weeks post-surgery; 6 months	72 sessions at $185 per session	$13,320
Pain Management	Post-accident	Three thoracic epidural steroid injections	$3,600
Psychological Treatment (Dr. Jennifer Wong)	6 months (weekly)	26 therapy sessions	$5,200
Medications	Post-accident	Prescription medications including anti-anxiety	$2,100
Diagnostic Imaging	Post-acute	Follow-up diagnostic imaging	$3,800
Total Medical Bills	—	All categories above	$113,220

Provider	Service Date/Period	Status
All listed medical providers	As above	Billed; health insurer paid a portion and asserts a reimbursement lien; allocation by line item pending

Notes: Medical specials are presented at billed amounts. The health insurer has paid $68,340 and asserts a lien in that amount; allocation across providers is pending. An additional CPT-coded billing extract lists numerous hospital charges; totals will be reconciled upon receipt of complete itemized statements and account statuses.

Lost Wages and Earning Capacity

Category	Period/Assumption	Amount
Salary context	Marketing Director (annual salary)	$87,000
Complete absence from work	12 weeks; short-term disability covered 60%	$20,077

Category	Period/Assumption	Amount
Reduced hours upon return	**6 months; ~40% reduction in hours**	**$17,400**
Quantified past lost wages	**Absence + reduced hours**	**$37,477**
Future wage loss (missed promotion)	**Present value estimate by economic expert**	**$387,000**

Property Damage

Item	Description	Amount
Vehicle	**2019 Honda Accord, total loss (fair market value)**	**$18,500**
Personal property	**Laptop**	**$1,200**
Personal property	**Phone**	**$800**
Personal property	**Professional clothing**	**$450**
Total property damage	**Vehicle + personal property**	**$20,950**

Insurance note: Collision coverage paid $18,500 for the vehicle's total loss.

Future Economic Damages

Category	Frequency/Duration	Cost / Present Value
Annual orthopedic monitoring	**$1,200/year for life**	**Included in PV total**
Ongoing pain management	**$2,400/year for life**	**Included in PV total**
Periodic physical therapy	**$1,800/year for life**	**Included in PV total**
Psychological maintenance therapy	**$4,000/year for 5 years**	**Included in PV total**
Possible future hardware removal surgery	**Approximately 15% probability**	**$35,000 (contingent)**
Total future medical costs (present value)	**Life care plan**	**$127,000**

Non-Economic Damages (General Damages)

- Pain and suffering: Persistent left arm pain averaging 3–4/10 with exacerbations to 6–7/10; rib pain with deep breathing or exertion; three interventional pain procedures; ongoing medication use as needed.
- Loss of enjoyment of life: Reduced shoulder mobility to approximately 70% of pre-injury; forced cessation of coaching her daughter's soccer team; discontinuation of recreational volleyball; limitations with household tasks and lifting her children; self-consciousness due to an 8-inch surgical scar.

- Emotional distress: PTSD and adjustment disorder with anxiety diagnosed; symptoms include flashbacks, nightmares, hypervigilance, and avoidance of intersections and heavy truck traffic; completed 26 therapy sessions with improvement but persistent intersection anxiety expected.
- Loss of consortium: Marital strain associated with pain, anxiety, and functional limits; the couple attended eight sessions of marriage counseling.
- Disfigurement/Disability: ORIF hardware with a permanent surgical scar and permanent partial impairment to the left upper extremity.

Damages Calculation Methodology

- Medical expenses: Calculated using the full amounts billed by providers (not reduced by insurance payments or write-offs). A health-insurance lien will be addressed at resolution.
- Lost wages: Past loss calculated as salary context and documented time missed plus reduced hours; future loss based on expert analysis regarding a missed promotion opportunity and any ongoing restrictions.
- Pain and suffering: Evaluated considering severity of injury (ORIF for humeral fracture; multiple rib fractures), treatment intensity and duration (hospitalization, months of therapy, pain procedures), and lasting impact on daily life.
- Future damages: Projected from treating providers' opinions and a life care plan, including lifelong follow-up, periodic therapy, interventional procedures, and a contingent risk of hardware removal surgery.
- Mitigation: Ms. Martinez followed prescribed treatment, discontinued opioids early due to adverse side effects, transitioned to safer regimens, completed therapy, and returned to work with reduced hours as medically tolerated.

Damages Summary

Category	Amount
Total medical expenses to date (billed)	**$113,220**
Projected future medical costs (present value)	**$127,000**
Past lost wages	**$37,477**
Future wage loss (present value)	**$387,000**
Property damage (vehicle + personal property)	**$20,950**
Total damages (initial demand)	**$875,000**

Ongoing and future damages: Ms. Martinez faces permanent partial impairment and chronic limitations, a measurable risk of hardware-related complications and potential surgery, and long-term psychological impacts requiring maintenance therapy. Damages will continue to accrue in accordance with medical and life-care projections.

Settlement Demand

Based on the liability analysis and damages outlined above, we hereby demand settlement in the amount of $875,000.00 for the complete resolution of this claim.

This demand is made as of October 20, 2025, on behalf of Ms. Sarah Martinez and is within the defendant's commercial auto policy limits.

This demand reflects the severity of Ms. Martinez's injuries and treatment, including a displaced mid-shaft fracture of the left humerus requiring ORIF on March 16, 2024, and fractures of left ribs 6–8, with postoperative imaging confirming appropriate hardware position.

Settlement Terms

- Deadline: Written acceptance must be received within 30 calendar days, on or before November 19, 2025.
- Form of Acceptance: Acceptance must be in writing and transmitted by email and/or letter from an authorized representative.
- Policy-Limits Tender: If you are tendering policy limits, include a complete copy of the applicable insurance declarations page(s). Our client's UM/UIM carrier may need to evaluate and approve the settlement before finalization.
- Consequence of Non-Settlement: If written acceptance is not received by the deadline, we will file suit in State court and pursue all available remedies without further notice.
- Release and Agreement: Any release and settlement agreement will be subject to our review and approval to ensure accuracy and protection of our client's interests.

We remain committed to resolving this matter efficiently and amicably. Please provide your written acceptance by the stated deadline so we can conclude this claim without the need for litigation.

Sincerely,
Jon Dykstra
Attorney at Law