

LAW PRACTICE AI - DEMO



November 22, 2024

Sent via Email: [REDACTED]@[REDACTED].com
Allstate
P.O. Box [REDACTED]
[REDACTED], [REDACTED]
[REDACTED]

TIME SENSITIVE PRIVILEGED SETTLEMENT CORRESPONDENCE

RE: Your Insured: [REDACTED]
Our Client: [REDACTED]
Date of Loss: July 01, 2022
Claim Number: [REDACTED]

Dear [REDACTED]:

As you are aware our office represents the interests of [REDACTED] (referred to hereafter as "our client" and "[REDACTED]") related to the below-described incident. On July 1, 2022, [REDACTED] was driving north on Market Way in Watertown, Wisconsin, when your insured, [REDACTED] (referred to hereafter as "your insured" and "[REDACTED]"), collided with her vehicle while attempting to turn into Walmart's parking lot. After the crash, [REDACTED] left the scene.

This demand is a good faith attempt to address and resolve [REDACTED]'s claims in order to save valuable time and avoid the unnecessary and expensive litigation process. Any and all statements made in this settlement demand are for the sole purpose of settlement. Enclosed are medical treatments, bills, photographs, and damages.

1. FACTS AND LIABILITY

The facts of this incident are unequivocal. On July 1, 2022, Ms. [REDACTED] was traveling north on Market Way in Watertown, Wisconsin, when Mr. [REDACTED], who was heading south on the same road, attempted to turn into Walmart's parking lot. [REDACTED]'s vehicle and collided with it. The impact of the collision was significant, causing substantial damage to [REDACTED]'s

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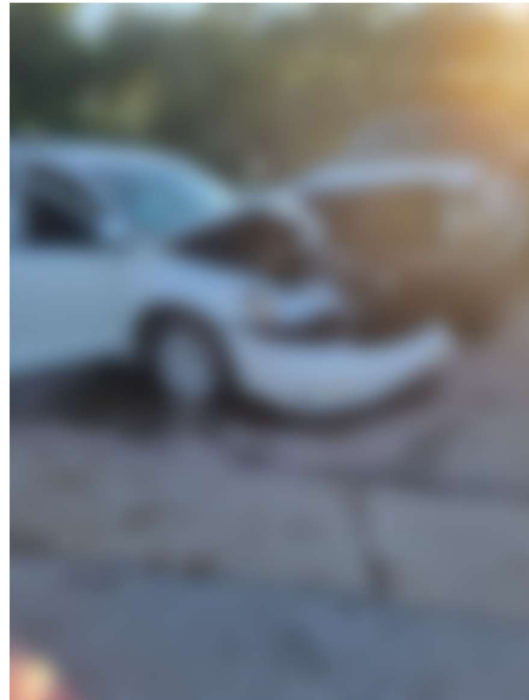
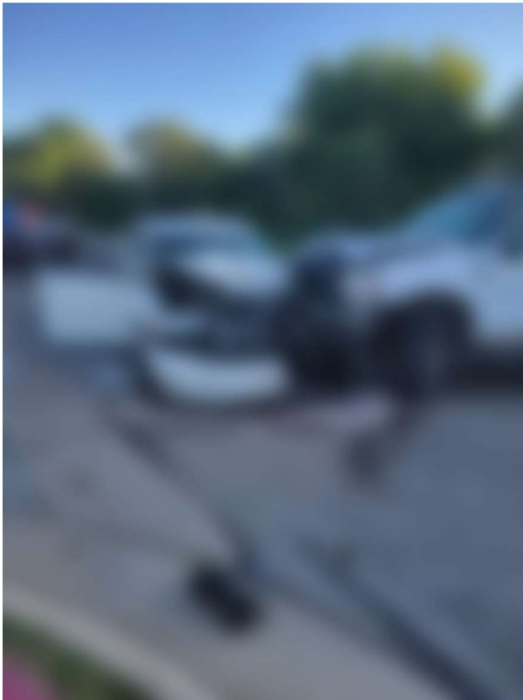
vehicle. Following the crash, [REDACTED] left the scene, exacerbating the distress and trauma experienced by [REDACTED].



[REDACTED]'s actions on July 1, 2022, constitute a clear violation of multiple Wisconsin state laws and vehicle codes. Firstly, [REDACTED] was charged with Hit and Run - Involve Injury under **Wisconsin Statute § 346.67(1)**, which mandates that *"the operator of any vehicle involved in an accident resulting in injury to a person or damage to a vehicle shall immediately stop such vehicle at the scene of the accident."* By leaving the scene, [REDACTED] blatantly disregarded this legal obligation. Additionally, [REDACTED] was operating his vehicle while his license was suspended, in direct violation of **Wisconsin Statute § 343.44(1)(a)**, which states, *"No person whose operating privilege has been duly revoked or suspended shall operate a motor vehicle upon any highway in this state."* Furthermore, [REDACTED] failed to yield while making a left turn, as required by **Wisconsin Statute § 346.18(2)**, which specifies, *"The operator of a vehicle intending to turn to the left within an intersection or into an alley, private road, or driveway shall yield the right-of-way to any vehicle approaching from the opposite direction."* These violations collectively demonstrate [REDACTED]'s negligence and failure to exercise due care, directly resulting in the collision and subsequent damages to [REDACTED]'s vehicle.

As a result of your insured's careless and unlawful behavior, the following damages were sustained to our client's property as pictured below:

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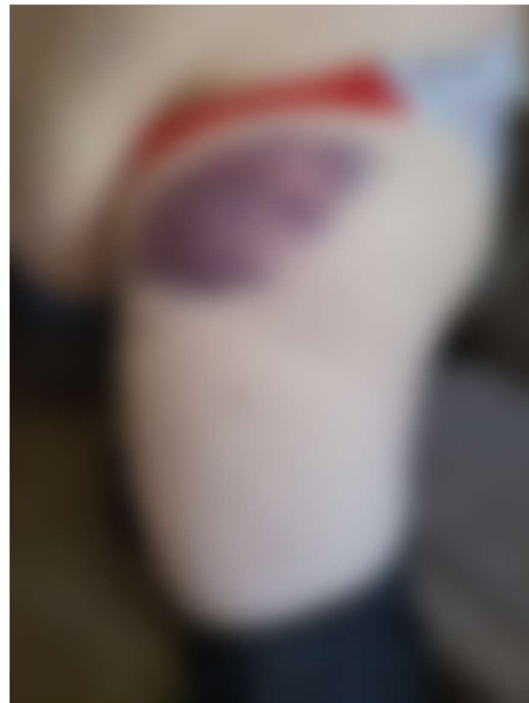
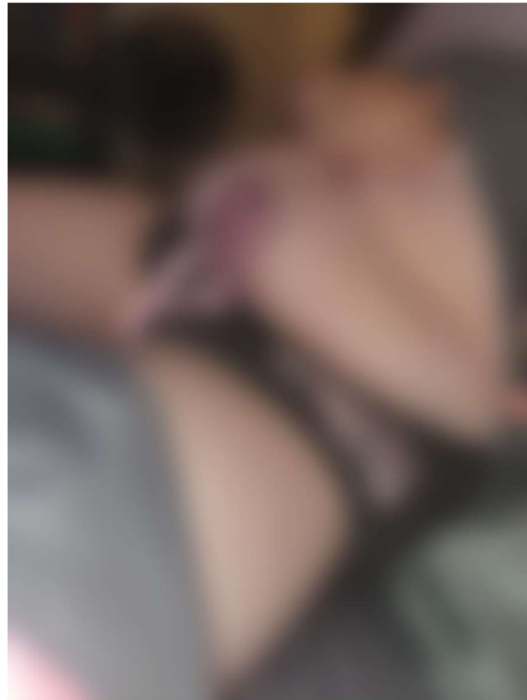


2. INJURY

2.1 DIAGNOSIS SUMMARY

We have enclosed all pertinent medical information regarding [REDACTED]'s injuries. These injuries were suffered as a direct and proximate result of the incident. Below are the images of the bodily harm to our client.

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The chart below represents a non-exhaustive summary of the injuries sustained by our client. As a consequence of your insured's negligent conduct, our client suffered and will continue to suffer injuries that are evidenced by the medical documentation enclosed to this demand. The accident was a substantial factor in causing our client serious injuries, pain and suffering continuing to the present date. Our client's injuries and treatment have been thoroughly documented in the medical records enclosed. A non-exhaustive summary of injuries sustained by our client is included below. Please refer to the following table for a detailed list of the specific injuries and their corresponding ICD codes:

ICD Code	Injury/Diagnosis
V89.2XXA	Person injured in unspecified motor-vehicle accident, traffic, initial encounter
M25.511	Pain in right shoulder
S93.401A	Sprain of unspecified ligament of right ankle, initial encounter
R22.41	Localized swelling, mass and lump, right lower limb

2.2 MEDICAL TREATMENT

Watertown Fire Department

On July 1, 2022, our client Ms. [REDACTED] presented at Watertown Fire Department with severe neck pain, left collarbone pain, and slight right hip tenderness. Upon evaluation, EMT-Paramedic [REDACTED] was alert and oriented with a Glasgow Coma Scale (GCS) score of 15. [REDACTED] reported that she was traveling at approximately 25 mph when the collision occurred, resulting in her head being hit and causing intense pain rated at 10 out of 10.

The EMT-Paramedic's findings included significant neck pain, left collarbone pain, and slight muscular tenderness in the right hip. [REDACTED] was placed on a longboard and secured with straps to ensure stability. She was then moved to a stretcher and transported to the ambulance. Her vitals were taken and recorded, and an 18-gauge IV was established in her left arm, running at a slow rate. [REDACTED] was placed on four-lane cardiac monitoring, and due to her severe pain, she was administered 0.5 mg of Dilaudid intravenously, which reduced her pain from 10 out of 10 to 8 out of 10.

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The EMT-Paramedic recommended that [REDACTED] be transported emergently to Watertown Regional Medical Center (WRMC) for further evaluation and treatment. Upon arrival at WRMC, [REDACTED] was taken to room number five, where her care was transferred to [REDACTED]. [REDACTED] was lifted from the backboard to the hospital bed, and her condition showed slight improvement. The patient care report was given to the charge nurse, [REDACTED], at WRMC. *(See Exhibit 2, "CERT Recs and Bills - Watertown FD - Medical Record")*

Watertown Regional Medical Center

On July 1, 2022, our client Ms. [REDACTED] presented at Watertown Regional Medical Center with complaints of neck pain and discomfort following a motor vehicle collision. [REDACTED] Upon [REDACTED] evaluation, [REDACTED] and found her in moderate distress with tenderness in her neck and mild right hip tenderness. The examination revealed no acute fractures or significant degenerative disc disease, and her lung apices were clear. [REDACTED] recommended using ice for 48 hours on painful areas to reduce swelling and inflammation and advised a follow-up with her primary care physician.

On the same day, [REDACTED] underwent a CT scan of her cervical spine at Watertown Regional Medical Center. [REDACTED] assessed the scan and found normal alignment of the cervical spine with no acute fractures or significant degenerative disc disease. [REDACTED] confirmed there was no acute fracture or traumatic subluxation of the cervical spine.

Additionally, [REDACTED] had a CT scan of her chest, abdomen, and pelvis at Watertown Regional Medical Center. [REDACTED]'s assessment revealed mild bibasilar atelectasis, ecchymosis in the breasts, and left lower quadrant subcutaneous ecchymosis. There were no acute traumatic abnormalities in the chest, abdomen, or pelvis, but bilateral L5 pars defects with grade 2 anterolisthesis of L5 on S1 were noted, likely chronic.

On July 2, 2022, [REDACTED] returned to Watertown Regional Medical Center for an X-ray of her clavicle. [REDACTED] assessed the X-ray and found normal alignment with no acute fractures or osseous abnormalities.

The medical team at Watertown Regional Medical Center recommended that [REDACTED] follow up with her primary care physician and continue to monitor her symptoms closely. They emphasized the importance of addressing her pain and discomfort

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promptly to prevent further complications. (*See Exhibit 4, "Watertown Regional Medical Center - Medical Record"*)

Sun Prairie Family Medicine

On July 5, 2022, our client [REDACTED] presented at Sun Prairie Family Medicine with complaints of bruises and strains on the left side, pain in the right shoulder, and an inability to bear weight on the right ankle. Upon evaluation, [REDACTED] was experiencing significant discomfort and prescribed ibuprofen and half a tab of Vicodin every 4-6 hours. [REDACTED] recommended a referral to physical therapy, X-rays of the right clavicle, shoulder, and ankle, and a walking boot. He advised continuing the current treatment plan and to call if symptoms recurred or problems arose.

On July 12, 2022, [REDACTED] returned to Sun Prairie Family Medicine with ongoing pain from the motor vehicle accident. [REDACTED] noted that the right shoulder pain was resolving, but [REDACTED] still had right ankle tendonitis, a hematoma on the right breast, and tenderness on the right medial ankle with pain during the range of motion. [REDACTED] recommended continuing exercises, discussed physical therapy, and advised a follow-up in a few months.

On August 16, 2022, [REDACTED] visited Sun Prairie Family Medicine again, this time seeing [REDACTED], PA. She complained of right ankle pain and swelling, right clavicle pain, and slight swelling of the right sternoclavicular joint, with limited range of motion in the arm due to pain. Upon evaluation, Ms. [REDACTED] recommended an MRI of the right ankle, continued ankle strengthening exercises, physical therapy after imaging, and a CT of the right clavicle.

On the same day, [REDACTED] underwent an X-ray at Sun Prairie Family Medicine for her right ankle pain. The findings showed no acute fracture or discrete soft tissue dystrophic calcification overlying the medial malleolus. The recommendation was to proceed with an MRI for further evaluation if clinical concern persisted.

Later on August 16, 2022, [REDACTED] had a telephone encounter with [REDACTED] at Sun Prairie Family Medicine. [REDACTED] sent a referral for an MRI of the right ankle without contrast to radiology central and advised that radiology central would contact [REDACTED] directly to schedule the MRI. Additionally, a referral for a CT chest without IV contrast with CAD was sent to radiology central.

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On September 1, 2022, [REDACTED] had another telephone encounter with [REDACTED], MA, at Sun Prairie Family Medicine, requesting a renewal of the controlled substance Gabapentin (Neurontin). The prescription was e-prescribed. On the same day, [REDACTED] had an office visit with [REDACTED], who reviewed her medications list, found no refills needed, and made no changes to her medication. He recommended continuing the current medications. (*See Exhibit 3, "Sun Prairie Family Medicine - Medical Record"*)

Sun Prairie Radiology

On July 5, 2022, our client presented at Sun Prairie Radiology with right ankle pain. [REDACTED] ran an X-ray of the right ankle with three views. This examination was necessary to determine the extent of the injury and to identify any fractures or misalignments. The findings indicated no evident fracture, normal joint alignment, and mild narrowing of the anterior talotibial joint. [REDACTED] recommended further evaluation of the mild narrowing of the anterior talotibial joint.

On the same day, our client also complained of right shoulder pain. [REDACTED] conducted an X-ray of the right shoulder with two views. The examination revealed no fractures, normal joint alignment, and a preserved glenohumeral joint space. The acromioclavicular joint was also normal, and the visualized lung was clear. [REDACTED] concluded that there was no acute osseous abnormality.

Additionally, our client reported right clavicle pain from the motor vehicle accident three days prior. [REDACTED] performed an X-ray of the right clavicle. The results showed no fractures, normal joint alignment, and a normal acromioclavicular joint. The visualized lung was clear. [REDACTED] recommended a CT scan if there was concern for sternoclavicular joint dislocation.

Procedures: X-ray Ankle >= 3 Views Right, X-ray Shoulder >= 2 Views Right, X-ray Clavicle Right

On August 16, 2022, our client returned to Sun Prairie Radiology with a hard calcification on the medial ankle and numbness in the area. Physician Assistant [REDACTED] conducted an X-ray of the right ankle with three views. The examination showed no acute displaced fracture, no periosteal reaction, or cortical erosion. The previously described minimal narrowing of the tibiotalar joint was noted, and the joint spaces were maintained. The ankle mortise was congruent, and the joint alignment was normal. There was subcutaneous soft tissue

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swelling overlying the medial malleolus, but no discrete soft tissue dystrophic calcification was identified. PA [REDACTED] recommended an MRI if there was persistent clinical concern for an underlying mass lesion.

On the same day, our client also underwent an MRI of the right ankle without contrast. The MRI confirmed the absence of an acute fracture and no discrete soft tissue dystrophic calcification overlying the medial malleolus. PA [REDACTED] suggested that an MRI might be valuable if there was ongoing concern for an underlying mass lesion.

Additionally, our client experienced pain in the right sternoclavicular joint. PA [REDACTED] performed a CT scan of the chest without IV contrast. The findings indicated no acute osseous abnormality, and PA [REDACTED] recommended a CT scan of the clavicle for further evaluation.

Procedures: X-ray Ankle >= 3 Views Right, MRI Ankle W/O Contrast Right, CT Chest W/O IV Contrast W/CAD

(See Exhibit 5, "SUN PRAIRIE RADIOLOGY - Medical Record")

3. DAMAGES

3.1 MEDICAL EXPENSES

Past Medical Expenses

In order to recover for past medical expenses, the claimant needs only to prove that the amount of each claimed expense was reasonable, that the services or supplies for which such expenses are claimed were actually given and were reasonably necessary in the diagnosis or treatment of the injury, and that the condition which necessitated the expenses was a proximate result of the injury caused by the tortfeasor.

We have enclosed the following copies of our client's interim medical bills to date. This list is not final, as due to the continuing nature of our client's injuries other medical expenses may be incurred hereafter:

Facility	Dates	Total Billed	Total Adjusted	Total Due
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Watertown Fire Department	Jul 01, 2022 - Feb 28, 2023	\$37,896.11	\$16,579.33	\$21,316.78
UW HEALTH UWHC-CLINICAL LABORATORY	Jul 05, 2022 - Nov 03, 2022	\$10,635.56	\$9,817.56	\$818.00
Sun Prairie Family Medicine	[INSERT DATES HERE]	\$\$	\$\$	NOT FOUND
Watertown Regional Medical Center	[INSERT DATES HERE]	\$\$	\$\$	NOT FOUND
SUN PRAIRIE RADIOLOGY	[INSERT DATES HERE]	\$\$	\$\$	NOT FOUND
	<u>TOTAL</u>	\$48,531.67	\$26,396.89	\$22,134.78

Future Medical Expenses

██████████ was 34 years old at the time of the collision. According to the average life expectancy for women in the United States, ██████████ is projected to live another 47 years, suggesting a significant portion of her life still lies ahead. The legal system is designed to ensure that in the case of permanent injuries, compensation covers the entirety of the injured party's lifetime, providing essential support for their ongoing health and recovery.

██████████ will require extensive future medical care to manage and mitigate the long-term effects of her injuries. This care will include regular visits to specialists, ongoing physical therapy, and possibly surgical interventions to address complications. Additionally, she may need assistive devices and modifications to her living environment to ensure safety and mobility. Pain management strategies, including medications and possibly alternative therapies, will be essential to improve her quality of life. The projected costs for this future medical care are significant and must be considered in any settlement to ensure ██████████ receives the necessary treatment to recover as fully as possible. The table below shows the expenses that ██████████ will incur.

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Procedure	Amount
Physical therapy	\$\$
MRI of right ankle	\$\$
CT of right clavicle	\$\$
Pain management	\$\$
Orthopedic treatment	\$\$
Diagnostic imaging	\$\$
<u>TOTAL</u>	\$\$

3.2 PAIN AND SUFFERING

Following the incident, [REDACTED] has endured significant pain and suffering that has profoundly impacted her daily life. The collision resulted in severe neck pain, left collarbone pain, and right hip tenderness, which initially confined her to bed for over a month. This immobility and the subsequent need for continuous medical appointments and treatments have disrupted her ability to perform even the simplest of daily tasks. [REDACTED]'s injuries have made it difficult for her to bear weight on her right ankle, causing her to rely on a walking boot and physical therapy. The persistent pain in her right shoulder and clavicle, coupled with the limited range of motion in her arm, has further restricted her ability to carry out routine activities such as dressing, cooking, and personal hygiene. The psychological toll of the accident, including anxiety and stress from the ongoing pain and the trauma of the collision, has also been substantial. According to the Wisconsin Civil Jury Instructions, pain and suffering encompass not only physical pain but also emotional distress, including anxiety, worry, and humiliation (**Wis. JI-Civil 1750**). This comprehensive understanding of pain and suffering is supported by case law, which recognizes the genuine detriment these subjective states represent and the necessity for compensation (**Seifert v. Balink, 2017 WI 2**). The impact on [REDACTED]'s quality of life and her ability to engage in normal activities justifies the inclusion of a significant value for pain and suffering in the claim, which is **\$250,000.00**. This amount reflects the extensive physical and emotional challenges she has faced and continues to endure as a result of the accident.

3.3 PROPERTY DAMAGE

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██████████'s vehicle sustained substantial damages due to the impact on July 1, 2022. The collision resulted in her car being totaled. The cost to repair ██████████'s vehicle has been estimated at approximately **\$23,523**.

3.4 LOSS OF EARNINGS

As a result of the incident on July 1, 2022, ██████████ was unable to work for a period of two months and two weeks. This significant time away from work led to a substantial loss of income, amounting to **\$10,000**. The inability to earn wages during this period has had a profound impact on ██████████'s financial stability, causing considerable stress and hardship. The loss of earnings has not only affected her immediate financial situation but has also disrupted her overall financial planning and security.

3.5 SUMMARY OF DAMAGES

Damage	Amount
Past Medical Expenses	\$22,134.78
Future Medical Expenses	\$\$
Pain And Suffering	\$250,000.00
Vehicle Damage	\$23,523.00
Loss of Wages	\$10,000.00
<u>TOTAL</u>	\$\$

4. DEMAND TO SETTLE

In an effort to amicably resolve this matter, our client, ██████████, has authorized us to extend an offer to accept **\$\$** as **FULL AND FINAL SETTLEMENT OF HER ALL CLAIMS**. The liability in this case is clear and undisputed. Your insured, while attempting to turn into Walmart's parking lot, failed to yield the right of way and collided with ██████████'s vehicle. This incident resulted in significant damages and injuries to ██████████, who has since been dealing with the aftermath of this unfortunate event. The severity of the collision and the subsequent hit-and-run behavior of your insured further aggravates the situation, necessitating a prompt and fair resolution.

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Wisconsin law is clear on the duty of drivers to yield the right of way and the consequences of failing to do so. In the case of **Kemp v. Wisconsin Electric Power Co.**, the court held that a driver who fails to yield the right of way is liable for any resulting damages **Kemp v. Wisconsin Electric Power Co., 44 Wis. 2d 571 (1969)**. Additionally, the case of **Mullen v. Reischl** emphasizes the duty of drivers to exercise due care to avoid collisions **Mullen v. Reischl, 41 Wis. 2d 246 (1969)**. These precedents clearly establish the liability of your insured in this matter. Furthermore, the hit-and-run aspect of this case is particularly egregious and is addressed under Wisconsin Statute § 346.67, which mandates that drivers involved in accidents must remain at the scene.

Given the clear liability and the significant damages suffered by [REDACTED], we are prepared to pursue all available legal remedies if this matter is not resolved within the policy limits. This includes seeking a judgment against your insured and potentially pursuing a direct action against the insurer for bad faith refusal to settle within policy limits. The case of **Anderson v. Continental Ins. Co.** highlights the insurer's duty to act in good faith and settle claims within policy limits when liability is clear and damages are substantial **Anderson v. Continental Ins. Co., 85 Wis. 2d 675 (1978)**. Failure to do so can result in the insurer being held liable for the full amount of any judgment, even if it exceeds policy limits.

We appreciate your prompt attention to this matter and urge you to consider the significant legal and financial implications of failing to settle this claim within the policy limits. [REDACTED] has suffered considerable physical, emotional, and financial harm as a result of this incident, and it is in the best interest of all parties to resolve this matter swiftly and fairly. We expect the response to this letter by **5:00 P.M. on December 22, 2024**. We ask that this letter is shared with all decisionmakers and insurance companies.

Thank you for your consideration in this matter. We look forward to your prompt response.
Sincerely,

Amitai Erfanian
amitai@mylawfirm.ai

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Exhibit No.	Description	Page No.
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2	CERT Recs and Bills - Watertown FD - Medical Record	23 - 30
3	Sun Prairie Family Medicine - Medical Record	31 - 94
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7	Watertown Fire Department - Medical Bill	424 - 457
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