STEPHANIE J. SMITH  
16567 East 15TH Avenue  
Dallas, Texas 75200  
Cell Phone (555) 790-0582  
Home Phone (555) 624-5037   
sjsmith@kmail.com

Ingersoll Insurance Liability Inc.  
Alan Dormer - Senior Claims Adjuster  
112678 Northlake Avenue, Suite 100  
Havenwealth, New York 11700

May 22, 2012

FOR SETTLEMENT PURPOSES ONLY

Re: Claim No. F-1285K  
Your Insured: Sid Vinto   
Date of Loss 06.01.2011  
Claimant: Stephanie J. Smith  
Date of Birth: 12.21.82

Dear Mr. Dormer:

As you know, on or about June 6, 2011, I was severely injured when your insured, Sid Vinto, failed to stop at a red traffic signal and violently crashed into my car.

My doctors have advised me my condition has reached a level of optimal medical improvement. Although still suffering, I have decided to bring this matter to a conclusion. In an effort to amicably settle my claim I have prepared the following for your review. I have also attached supporting documentation.

**Background:** On or about June 6, 2011, at about 7:15 a.m., I was driving my 2007 Honda Accord northbound on Magnolia Street. At all times I was paying attention to the road, traffic signals, and other vehicles in my line of sight. I was also wearing my seatbelt.

As I approached the intersection of Magnolia Street and Orchid Avenue, I could see the traffic light was clearly green in my favor. As I passed through the light, suddenly and without warning, your insured violently collided with the front left quarter panel of my Honda. The severe force of the impact spun my car completely around. It only came to rest when it struck a telephone pole.

**My injuries:** The immediate force of the impact:

* Snapped my neck violently causing severe whiplash
* Fractured my left tibia
* Tore tendons in both wrists
* Herniated my disk at the C-4 level
* Lacerated my forehead and the skin above my left cheekbone

It took the Havenwealth Police Fire and Rescue over 15 minutes to respond to the scene. During that time I lay in my car bleeding profusely and in severe pain. When Fire and Rescue finally arrived, they treated me at the scene and transported me to the emergency room at Mailer General Hospital.

Subsequent to the collision and at the order of several treating physicians, I underwent several tests including (but not limited to) a Magnetic Resonance Imaging Examination (MRI), Computer Axial Tomography Examination (CAT Scan) and X-rays.

Since the day of the collision, I have endured months of painful treatment and therapy. I've incurred substantial out-of-pocket expenses, and because my physicians have prohibited me from working, I've also lost thousands of dollars in income. I worked at the Able Construction Company for 16 years. Due to my inability to work, my employer had to find a replacement. As a result I was fired.

My recovery period has been long and agonizing. I haven't been able to sleep without pain for months. The pain medication I've had to take has resulted in depression and insomnia. The tension from not being able to provide income for my family has negatively impacted my marriage and relationship with my children.

**Your Insured's Liability:** Your insured's exclusive liability is clear. From the police report and witness statements, your insured failed to stop at the red traffic light on Orchid Street. Witnesses said he was texting on his cell phone, and when questioned by the police your insured admitted he was.

The police officers issued your insured a traffic citation for failing to stop at a red light. Your insured's actions were the direct and proximate cause of the collision and my resulting injuries.

As a result of the violent collision I have incurred the following:

**Special Damages:**

|  |  |
| --- | --- |
| Ambulance | $650.00 |
| Emergency room treatment | $700.00 |
| Past medical treatment | $4,200.00 |
| Future medical treatment | $1,500.00 |
| Chiropractic treatment | $1,600.00 |
| Medications | $480.00 |
| Lost wages | $6,200.00 |
| **Total amount of specials** | **$15,330.00** |

**General Damages:**

|  |  |
| --- | --- |
| Emotional distress |  |
| Loss of consortium |  |
| Pain and Suffering |  |

|  |  |
| --- | --- |
| **Total Damages:** | **$61,320.00** |

Thank you for your review of my personal injury demand letter together with its attached supporting documentation. I would appreciate your response within the next thirty (30) days.

Yours truly,

Stephanie J. Smith

Attachments: