

July 7, 2017

Old Republic Insurance
c/o Broadspire
Attn: Mike Tuttle | SCLA
PO BOX 14342
Lexington, KY 40512

Re: Settlement Demand - Inadmissible Under Fla. Stat. 90.408 and F.R.E. 408
Our Client - xxxxxxxxxxxxxxxx
Your Insured - Ridge Tool Company
Date of Loss: 12/19/2017
Claim no.: 188407061-003
Policy no.: MWTB307940

Dear Mr. Tuttle:

Our firm has the pleasure of representing [REDACTED], a personable, reasonably fit 51 year-old virile man from Venezuela who was visiting the United States when involved in a life changing automobile crash. He has no previous medical conditions or injuries, save a broken little finger as a youth. He does not smoke or drink. [REDACTED] stands 6' tall and weighs 240 pounds.

The negotiation initiated by this demand package is for a bodily injury settlement.

The Crash (Clear liability - Severe force of impact)

Police investigation shows that on December 19, 2016 three vehicles were among others headed eastbound on Pines Blvd. (SR 820) in the inside through lane. Congested traffic was stop and go. The white Buick operated by Martha Demorizi came to a stop followed by the red Honda CRV operated by [REDACTED] which also made a safe stop. A third vehicle (green Dodge Ram pickup owned by Ridge Tool Company) operated by Steven Fontenot followed too closely, failed to stop and smashed into the rear of the red Honda operated by [REDACTED] propelling his vehicle forward, crashing into a white Buick operated by Martha Demorizi. The police investigation concluded that neither [REDACTED] nor Demorizi contributed to the

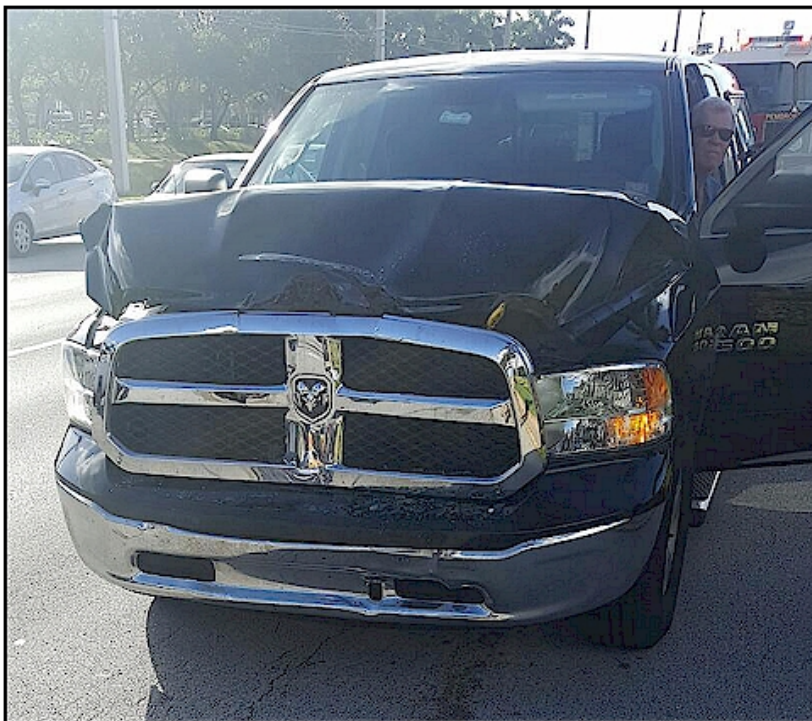
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cause of the collision. However, it appears from that report that Steven Fontenot tried to mislead the investigating officer by stating that the automobile driven by [REDACTED] abruptly changed lanes in front of Fontenot.

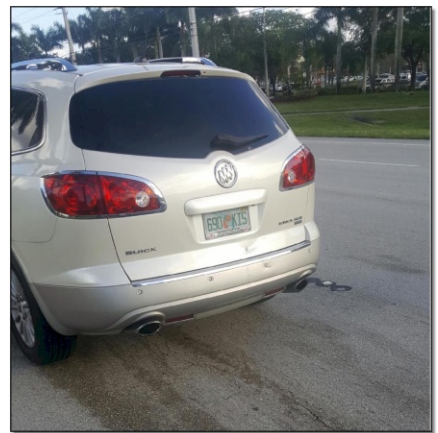


Nonetheless, the investigating officer determined that Mr. Fontenot was following too closely. Vehicle 1 - Steven Fontenot, Vehicle 2 - [REDACTED], Vehicle 3 - Martha Demorizi. (See, Attached Crash Report)



The damage to Mr. Fontenot's Dodge Ram Pickup was significant and indicative of a forceful impact.

The Honda CRV driven by our client had a rear mounted spare tire which acted as a spare bumper mitigating damage to the Honda. Even so, the entire rear door glass was disintegrated. And the rear door was buckled. Repairs cost \$3,457.38



The forward vehicle (white Buick) incurred minor damage. Still, the double impact exacerbated the injuries to [REDACTED].

Medical Treatment (Injury Severity Points)

At the scene of the crash, [REDACTED] was treated by Pembroke Pines EMS and transported to the Emergency Room at Memorial Hospital. Robert G. Brennan, M.D. diagnosed contusion of both knees and both lower legs and prescribed tramadol 50 mg tablet and referred [REDACTED] to an orthopedic surgeon. X-rays of the legs were taken and he was sent home with Tramadol 50 MG tablets. Tramadol is an opioid (narcotic) analgesic. It works in the brain to change how your body feels and responds to moderate to severe pain and can become addictive over time.

On 12/28/2016, Geoffrey Tashjian, M.D. performed an MRI examination and observed shallow central disc herniation/protrusions at C3-4 and C4-5.

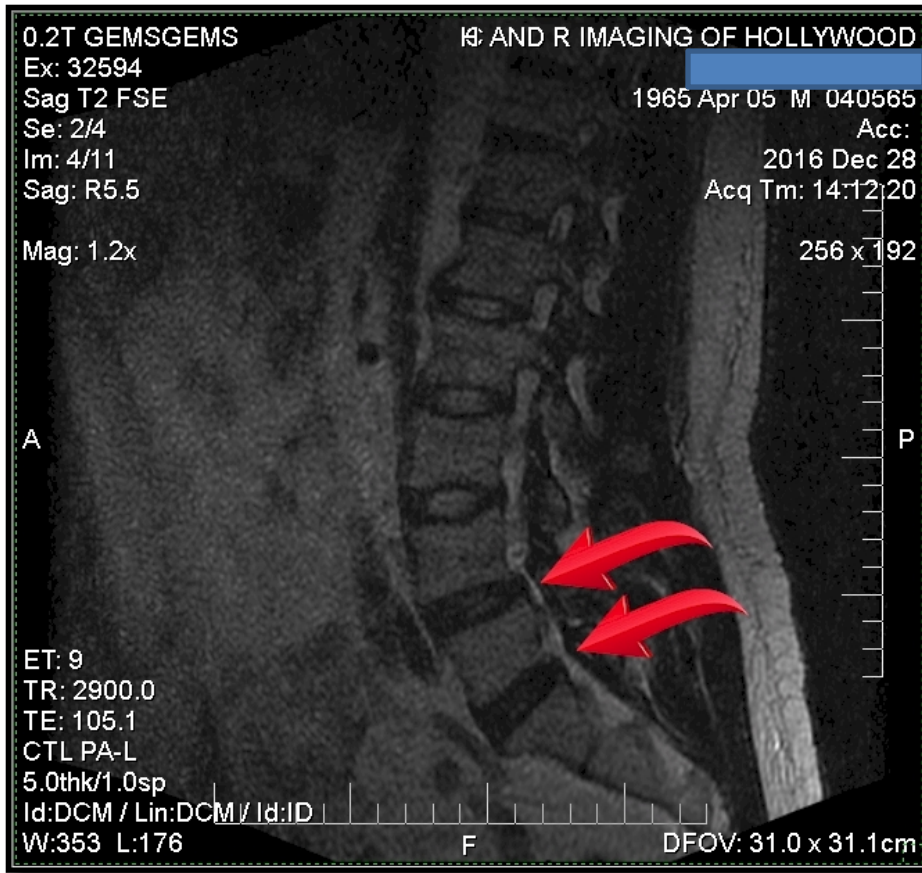
Herniated discs in the neck (cervical spine) cause pain, numbness, or weakness in the neck, shoulders, chest, arms, and hands.

Bulging discs cause pain when moving the neck, deep pain near or over the shoulder blade, radiating pain in upper arm, forearm, and possibly fingers.



Pain from a bulging cervical disc typically starts slowly and gets worse over time or during certain activities.

An MRI was also performed of the lumbar spine interpreted as a right foramina annular tear at L5-S1 with broad disc herniation/protrusion together with a mild disc bulge at L4-5 with facet arthrosis and hypertrophy of the ligamentum flavum.



The pressure from bulging and herniated discs and the resulting restrictions of the spinal canal are clearly evident at L4-5 and L5-S1 as indicated by the arrows. That kind of pressure causes immediate, intense and persistent pain, radiculopathy (pain radiating to other body locations) and restricts normal body movement. An annular tear means the tough exterior of an intervertebral disc (the annulus fibrosus) rips or ruptures. It impacts a nerve root in the spinal canal causing numbness and tingling in the buttock or leg, as well as extreme pain in the lower back. [REDACTED] experienced all the typical symptoms including: chronic lower back pain; soreness or stiffness in the joints; muscle weakness; numbness and tingling in the extremities; a feeling of heat or burning along the sciatic nerve, and; sciatic pain.

Immediately after the crash, [REDACTED] started chiropractic treatments and physical therapy three to four times a week under the care of Dr. Karen Amar with some relief of his cervical spine pain, but no relief of his lumbar spine pain.

On 1/12/2017 [REDACTED] saw Christine Klepp, M.D. who observed his cervical discomfort due to cervical disc pathology, and lumbar discomfort due to lumbar disc pathology. She prescribed Cyclobenzaprine, Flexeril and Tramadol. Dr. Klepp also recommended lumbar epidural steroid injections which [REDACTED] underwent on January 13.

Despite following all doctors' recommendations for treatments and restricted activity, non-surgical treatments did not produce satisfactory results for [REDACTED] lumbar area. On 3/13/2017 Dr. Samuel Hess, a board certified orthopedic surgeon, recommended continued activity modification for the cervical spine. (See attached Bio of Dr. Hess)

However, for his lumbar spine, surgery was indicated. Dr. Hess noted that [REDACTED] has failed non-operative management, which is well documented. "The pain is affecting his quality of life and ability to function," said Dr. Hess. Surgery was recommended as follows: "laminectomy, foraminotomies, discectomy at L4-L5 and L5-S1 with possible annular repair and posterior spinal fusion, with intertransverse fusion and facet fusion at L4-L5 and L5.S1."

Aware of the risks, [REDACTED] wished to proceed with surgery in order to find possible relief for his severe pain and symptoms. Regardless of any positive post-operative outcome, he will never resume his past level of activity.

Surgical Description (Severity of Injury - Whole Person Impairment)

[REDACTED] underwent surgery on 04/27/2017 for a two level spinal fusion. This is an extremely intense and involved procedure. Because of the level of pain, the failure to respond to conservative treatment, and the size of the herniations, Doctor Hess made the decision that both the L4/5 and the L5-S1 discs needed to come out and the joints fused. Specifically, Doctor Hess performed the surgery by doing the following:

1. Anesthetics administered and patient placed into prone position and strapped into place.
2. X-ray imaging was initiated in order to find the precise location for the surgical incision. A large incision was then made over the correct region roughly 6 inches vertical in length. All bleeding locations electronically cauterized to stop bleeding.

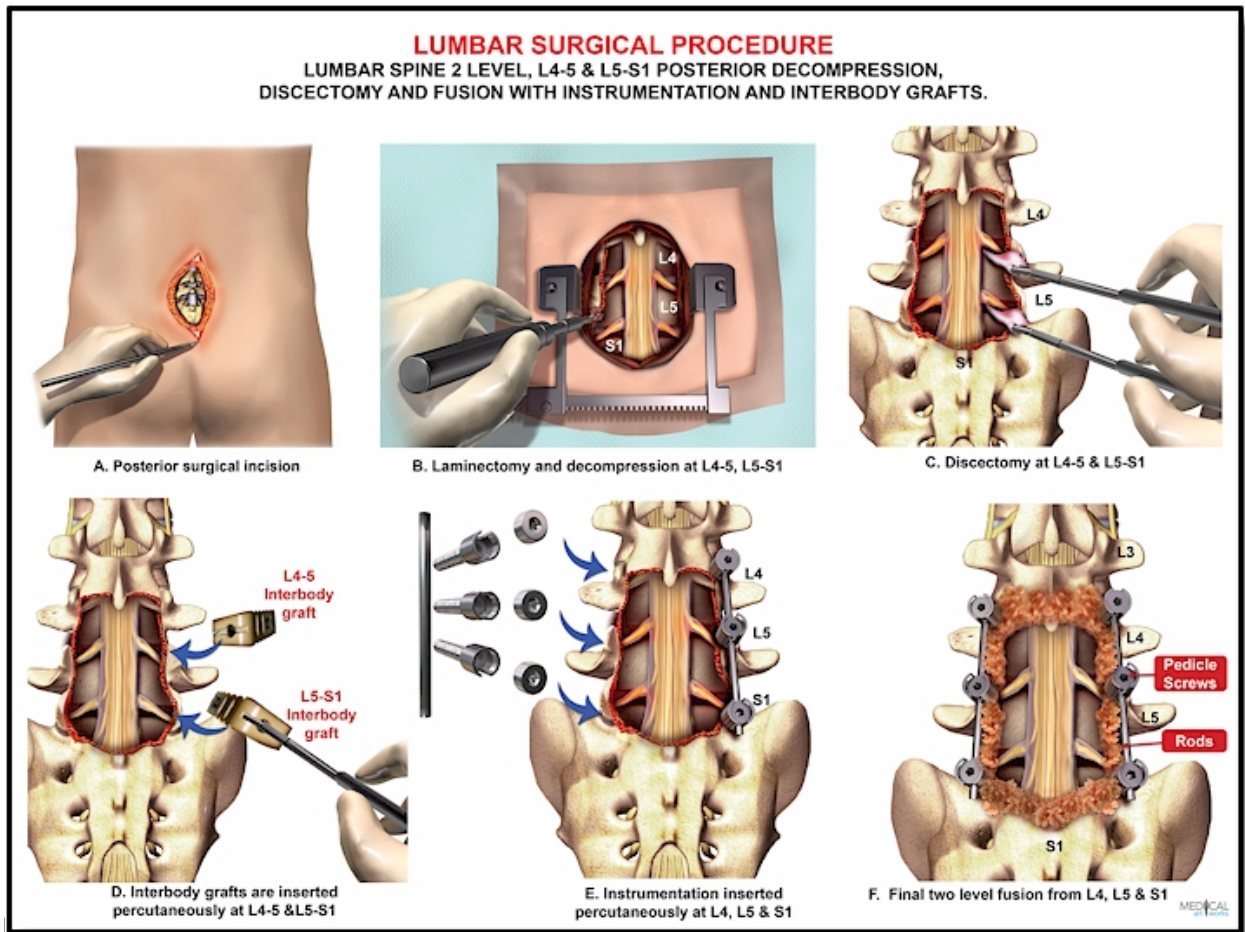
3. Removal of the bone surrounding both problem discs was performed (Laminectomy).
4. Ligamentum Flavum was partially removed. Removal of these parts is necessary in order to create the trajectory path for the disc removal.
5. Additional bone removed from the adjacent area (Foraminotomie)
6. Necessary removal of the foregoing parts in order to create the trajectory or path for the disc removal.
7. The spine nerve endings then retracted to finalize the trajectory for disc removal. (Retracting the Thecal Sac)
8. The entire disc located at both levels 4/5 and the 5/1 were removed along with loose disc material (Discectomy and Annulotomies - an incision between intervertebral discs to allow decompression)
9. Autograft (bone material removed from the patient's hip) was then cleaned and morselized into the empty disc spaces.
10. The facet joint were then identified and drilled into so to create spaces for the facet dowels to be implanted and impacted or fastened.
11. Both levels at 4/5 and 5/1 were satisfactorily stabilized using the facet dowels.
12. Having both joints stable, the two level fusion was successfully completed.
13. Wound was closed and sealed using special material which binds to the wound beneath the tissue and eventually dissolves into the body. A layer of Tegaderm® was applied on the surface of the skin to ensure skin closure and prevent infection to the area post-operation.



At left is an actual photo of the surgical opening of [REDACTED] spine taken during surgery.

An animated video of this type of procedure is available at <https://www.youtube.com/watch?v=4hdTrqhxhRI>

A graphic illustration of the procedure follows:



A fusion procedure requires VERY significant and guarded recovery process. A two level fusion is even more significant and caution must be exercised without deviation. The first 4 weeks after this surgery [REDACTED] was essentially rendered completely debilitated - lying in bed nearly the entire day only getting up to take short walks and use the restroom. He is now in his 5th week of recovery and he is finally regaining the strength and energy to get out of the house.

He is still not allowed to drive a motor vehicle and must depend on friends and family in order to accomplish most activities of daily living. His is still unable to dress himself, unable to perform household chores and other daily routine activities. Although he will continue to improve, he will not be allowed to drive for at least a month after surgery. He is restricted from any activity involving bending or twisting of any kind for six to eight months. More aggressive

abdominal and core strengthening exercises as well as aggressive range of motion exercises are usually not begun until after 6-8 weeks of initial healing. Typically this process takes 6 to 9 months for full healing. Of course, lifting or any strenuous activity is out of the question for the foreseeable future.

Even when following the strict restrictions and recovery instructions properly, the hardware that has been implanted into his spine may become loose and require surgery to fix. For the first year after surgery, ██████████ is now considered to be extremely fragile and he must be on guard at all times. This is overwhelmingly frustrating for a man of his stature and physical prowess.

Assuming the fusion goes well and a complete bone fusion occurs, ██████████ still must remain vigilant and refrain from excessive bending and lifting or lumbar stress. This is because his L3-L4 disc now must provide stability for the entire spine, acting as the foundation joint. Since this disc is not anatomically designed to function as the lowest joint in the spine, there is a very high risk for disc damage in the L3-L4 joint. Even with postoperative management use of a back brace, he could require yet another fusion or possibly a total disc replacement. His symptoms and comfort level will gradually improve as he gains strength and confidence in his movements. And, while the procedure will likely not relieve all of ██████████ ██████████ chronic back pain, he should have a general reduction in pain. Nonetheless, the risk of the adjacent disc injury is very real, worrisome to ██████████ and will cause him to restrict his previous level of activity for the rest of his life.

After the surgery, Dr. Hess reported:

The patient understands that due to the injuries he sustained he may have future exacerbations that require ongoing intervention to include physical therapy, chiropractic care, activity modification, exercise, injections and medication. . . The patient may also experience episodic flareups requiring physical therapy.

Altered Life Activities (Duties Under Duress/ Loss of Enjoyment)

██████████ is what many would call a “man’s man” or even “larger than life.” At least, he used to be prior to the vehicle crash. In December 2016, ██████████ ██████████ was visiting the United States from Venezuela on a tourist visa. While his visit was recreational, this entrepreneur is always exploring business possibilities. To fully understand the extent of his loss, we must review his colorful background as a world renowned chocolatier.

Creating chocolate is not just this expert's skill. It is his passion. It is his science, his art, his love, his dangerous adventure.

knows the precise recipes for chocolate produced throughout the world. He can tell you the ingredients and processes for the finest chocolate produced in Switzerland, or anywhere else. Especially the chocolate of Venezuela, where there is an abundance of the cocoa plant. But, there is a rare ingredient essential to the finest of fine chocolate - the Tonka bean. It is a flat, wrinkled bean only from South America with an outside flavor. The tiniest shavings erupt in magnificent aromas and flavors of vanilla, cherry, almond and spice. The Tonka bean is also used by top chefs in a number of dishes at gourmet restaurants worldwide.



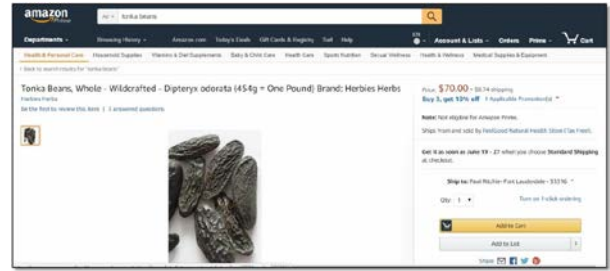
owns 100 acres of deep and hostile Amazon jungle in southern Venezuela where the Tonka bean thrives. These little black pods come from the flowering cumaru (also spelled kumaru) tree. The cumaru tree is a canopy tree that can reach heights of 160 feet and trunk diameters of up to 4 feet. The area where they grow is populated by indigenous "savagely bad people," as

describes them. And, there are guerrilla forces of various factions in the same region. So, guiding an expedition to harvest Tonka beans is dangerous to say the least. It requires a thorough understanding of the people and the area and something more - physical strength and stamina. Not just to make the journey, not just to intimidate and fend off hostiles, but to climb the 100 foot trees and harvest the beans themselves.

is well trained in kickboxing, Karate and Aikido - a modern Japanese martial art. On a purely physical level, it is an art involving some throws and joint locks that are derived from Jujitsu and some throws and other techniques derived from Kenjutsu. Aikido focuses not on punching or kicking opponents, but rather on using their own energy to gain control of them or to throw them away from you. So, braves the jungle forces to obtain his Tonka beans without harming anyone.

But there is more to the Tonka bean story. As published in Atlantic Magazine in 2010, the Tonka bean is "An Ingredient So Good It Has to Be Illegal." That is, illegal in the United States for use in commercially prepared foods. The French feature

recipes that commonly call for the Tonka bean. But, in the United States it's a different story. Tonka beans contain a chemical compound called coumarin. Prepared foods containing that compound are considered by the FDA to be "adulterated." So, it has technically been illegal to use as a food ingredient since 1954 - only in the United States. (See attached 21 CFR § 189.130) However, the unprocessed Tonka bean is legally available and currently sells for \$70 a pound on Amazon.com. [REDACTED] explains that the beans found on Amazon are the "cheap" grade. His are grown organically and sell for up to \$400 a pound. In March 2017, [REDACTED] was granted permission to import his Tonka beans by the U.S. Department of Agriculture. (See, attached U.S.D.A. letter)



The bean is extremely versatile. For example, the fragrance of the Tonka bean is used in the manufacture of perfume and fine soaps. In short, demand for this Tonka bean is very high and supply is very short due to the difficulty of harvest and the limited regions where it grows. [REDACTED] has an incredible United States import opportunity - now impeded by his physical barriers resulting from the automobile crash that severely injured his back.



As a renowned chocolatier, [REDACTED] holds the Guinness World Record for the largest chocolate coin ever made! That feat cannot be repeated (or defended) due to his back injuries. He cannot lift the weight of the chocolate or stir the vats due to reduced mobility of his back, pain from exertion and fear of reinjury.



██████████ and his son built a beautiful rustic stone home from the ground up that is nestled in the scenic hills of Venezuela.



He has enjoyed doing all his own repairs and improvements. But no more. He cannot lift or climb ladders as he did before. ██████████ used to enjoy water activities on the beautiful beaches of Venezuela including swimming and wind surfing. But those days are also gone due to the automobile crash and post-operative restriction of the range of motion in his back, fear of re-injury and increased risk to his spine as described above. Additionally, ██████████ is self-conscious about the scars left on his back and hip which show when wearing a swim suit.

In sum, ██████████ experiences duties under duress on a continuing daily basis including but not limited to:

- Difficulty with dexterity and posture
- Difficulty with stability/mobility
- Reduced concentration

And loss of enjoyment on a continuing daily basis, including but not limited to:

- Pain interferes with domestic duties
- Difficulty performing work duties
- Loss of promotional prospects
- Reduced quality of work
- Loss of enjoyment during household activities, such as:
 - Transporting family
 - Shopping
 - Taking out trash
 - Exterior and interior maintenance
 - Landscaping and maintenance

- Cleaning
- Difficulty attending functions

To say [REDACTED] life style has been altered would be a gross understatement. It would not be an exaggeration to compare this adventurous man to Indiana Jones - with a broken back. The man with the drive is still there, but the movie is over.

Damages

Liability is clear in this matter. Despite the documented attempt of the tortfeasor, Steven Fontenot, to place blame on our client by misrepresenting the facts of the crash to police, there are no contributing factors which would place liability on any other party. And, we will not entertain his spurious comments.

Damages set forth herein are present calculations and subject to change upon further analysis, worsening condition of our client and any additional medical treatment.

Economic Damages

Past Hospitalization, Medical Treatment, Surgery- Two-level Fusions of L4-5 and L5-S1	\$250,813.00
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Future Medical Treatment
According to Dr. Hess,

. . .due to the injuries he sustained [Mr. Sposito] may have future exacerbations that require ongoing intervention to include physical therapy, chiropractic care, activity modification, exercise, injections and medication. Estimated cost is \$500-\$1500 per year for anti inflammatory medications and interventional pain management: Epidural steroid injections and/or facet blocks. Up to 3 injections per year. Estimated cost is \$1000-\$3000 per injection. The patient may also experience episodic flareups requiring physical therapy. Estimated cost is \$1000-\$3000 per year. The patient's impairment rating is in the range of 10-12% based on the above mentioned injury and surgery performed.

[REDACTED] has a future life expectancy of 18.39 years (to age 70.39 source: World Health Organization and World Bank)

Assuming the <i>median</i> of Dr. Hess' estimates:	
Anti inflammatory medications and pain management (\$1,000 x 18.39)	8,390.00
Injections /facet blocks (1.5 per yr @ \$2k ea)	55,170.00
Physical therapy (\$2k per year)	36,780.00
Back Brace	185.00
Total estimated future medical	<u>100,525.00</u>
TOTAL	351,388.00
Less PIP paid benefits	-10,000.00
Economic damages	\$341,388.00

In a perfect world this should about take care of it. However, let's discuss some immediate dangers and long term complications that [REDACTED] will face from surgery based on peer reviewed published scientific data.

These statistics are for lumbar interbody fusion and do not consider any complications regarding [REDACTED] cervical injuries: Mortality rate is .67%, the prevalence of intraoperative complication is 10%, and the prevalence for post-operative infection is 8.5%. The immediate risk factor is 19.17%. Long term clinical outcome complications include worse off than prior to surgery 5%, chronic pain post operatively 30%, adjacent segment disease (disc above or below the fusion wares out due to loss of mobility as discussed above) 15%, pseudoarthrosis (failure to fuse) 25%, and hardware failure (broken or lose screw) 22%.

The long term complication factor is 97% for a surgery that is performed correctly. In other words only about 3% of the patients that undergo this surgery will experience full resolution of pain and symptoms requiring no further medications or medical interventions for the rest of their life as a result of the original injury. A review published in the "Bulletin of the NYU Hospital for Joint Diseases" in 2007 cites a 70 percent rate of adjacent degeneration evident on x-ray within 10 years of lumbar spine fusion. If the next nine years of [REDACTED] life were a book, here is how it could possibly read:

In postoperative year five (56 years of age) [REDACTED] begins to experience lower back pain so he returns to the spine surgeon. A whole new battery of images and diagnostic tests are ordered. [REDACTED] is again referred to conservative management with no success.

He is diagnosed with adjacent segment disease (ASD) at the L3-L4 disc space and is recommended for lumbar fusion revision surgery. Following this surgery [REDACTED] ends up with chronic lower back pain and cannot return to work or normal activity. Over the next five years he is on constant pain medications, undergoes more conservative management, and ends up developing ASD at the L2-L1 disc space as well, requiring fusion surgery.

(There is a reasonable possibility of addiction to pain medication during this period.)

On this surgery he develops an infection requiring another surgery for wound debridement. To make matters worse the fusion does not take and he develops a pseudoarthrosis at the L1-L2 disc level requiring another fusion revision surgery at that disc space. Finally, the client develops secondary pain syndromes with a diagnosis of sacralilitis and piriformis syndrome. He undergoes interventional pain management shots and physical therapy with little success. Eventually, the client undergoes a spinal cord stimulator surgery and has now reached maximum improvement. He is completely unable to resume normal activities. At this point, he would normally have eight years of life expectancy remaining. However, he would have a higher risk or mortality because analgesic-related deaths are responsible for more deaths and more potential life lost among workers who underwent lumbar fusion than any other cause, according to a Washington State study.

In this scenario, the total settlement needed to last this fifty-one year old client for the rest of his life (age 70) includes further conservative treatment, three more surgical procedures, pain management, medications, and more. That adds additional medical expenses of \$1,159,478 (plus attorney fees \$463,791). There were 2,833 points of reference used for this calculation, assuming all medical costs are fixed (no consumer price index analysis applied and the attorney fees are forty percent of the settlement).

This "worst case" scenario presents itself every day. And, it could very well present itself in this case.¹ So, it is reasonable to state that future medical expenses will be in a range from \$100,525 to \$1,159,478. The midway point being \$630,001.

Unfortunately, most personal injury cases are settled before enough time has passed to know if the client will continue to deteriorate. But fortunately, published peer reviewed scientific data, as noted above, exists to support settlement claims such as this. [REDACTED] requires, and deserves, medical financial security for the negligence of Steven Fontenot. Since none of us has a crystal ball, for purposes of settlement we base future medical expenses on a midway point between the estimate of the attending surgeon and what the peer reviewed scientific data supports - \$630,001.

Section 627.737(2) of the Florida Statutes requires that in instances, like here, where there is PIP coverage, non-economic damages may be awarded after meeting one of several threshold requirements. That threshold is met because [REDACTED] suffered permanent injury within a reasonable degree of medical

¹ Again, this scenario does not factor in any future cervical symptoms from neck injuries caused by the crash. And, we have not considered that pain from the bone graft site in the pelvis is very common for the first 6 to 8 weeks following surgery. Some amount of this pain may persist and become chronic in 15 to 30% of cases.

probability, and he has the scars to prove it. Therefore, he claims non-economic damages including pain and suffering, inconvenience, physical impairment, mental anguish, disfigurement and loss of capacity for enjoyment of life.

A *per diem* method of valuation is used below because it is recognized in Florida Courts. *National Railroad Passenger Corporation v. Ahmed*, 653 So. 2d 1055 (Fla. 4th DCA 1995) The multiplier approach and Colossus are not formally recognized. Juries are supposed to award the amount that they decide is reasonable, fair and adequate for each component of damages. Therefore, we intend to use this *per diem* method to explain to a jury what [REDACTED] claims and why he claims it. For settlement purposes, the calculations below also presume the same midway point regarding future medical treatment as described above. However, the exact *per diem* amounts may adjust upward if appropriate.

Non-economic Damages

Past non-economic

Prior to Surgery (12/19/2016 - 4/16/2017)

129 days - that is 3,096 hours or 185,760 minutes of relentless agony

Pain and suffering (\$0.50 x 185,760)	92,880.00
Inconvenience (47 Dr. visits x \$100)	4,700.00
Physical impairment (129 x \$125)	16,125.00
Mental anguish	
Experience of accident	5,000.00
Fear of re-injury (129 x \$20)	2,580.00
Anxiety about surgery	10,000.00
Loss of capacity - enjoyment of life(129 x \$500)	<u>65,500.00</u>

Total Prior to Surgery \$196,785.00

Surgery (7/17/2017)

Inconvenience	500.00
Mental Anguish	25,000.00
Disfigurement	
Surgical scaring (est. cost of laser removal)	<u>1,800.00</u>

Total Surgery non-economic \$27,300.00

Post Surgery

(4/18/2017 - 6/12/2017 - 56 days or 80,640 minutes)

Pain and suffering (0.25 x 80,640)	20,160.00
Inconvenience (2 Dr. Visits x \$100)	200.00
Physical impairment (56 days x \$75)	4,200.00
Mental anguish	
Fear of re-injury (56 x \$20)	1,120.00

Anxiety about recovery from surgery (56 x \$15)	840.00
Loss of capacity-enjoyment of life (56 x \$500)	<u>28,000.00</u>

Total Post Surgery non-economic	\$54,520.00
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Total Past non-economic	\$278,605.00
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Future non-economic

Future Life Expectancy 18.39 6,712 days or 161,088 hours or 9,665,784 minutes (to age 70.39 source: World Health Organization and World Bank)

Pain and suffering (\$1.00 x 161,088 hours)	161,088.00
Inconvenience (2 Dr. visits per year x \$100)	3,678.00
Physical impairment 10% (6,712 days x \$10)	67,120.00
Mental anguish	
Subsiding fear of re-injury (3,356 days x \$5)	16,780.00
Anxiety about recovery from surgery (270 x \$3)	810.00
Inability to lead his active life (6,712 x \$200)	1,342,400.00
Humiliation and embarrassment (6,712 x \$20)	<u>134,240.00</u>

Total Future non-economic	\$1,726,116.00
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The damages for settlement purposes are summarized as follows:

Past Medical (new money)	240,813
Future Medical	630,001
Past Non-economic	278,605
Future Non-economic	1,726,116
Total Damages	<u>\$2,875,535</u>

Trial Considerations

Quite frankly, this is the kind of case any litigator would love to take to trial. Liability is clear. The victim is a charismatic and colorful man who has maintained an energetic and productive life. No prior medical history of any significance. The severity of his injuries required a complex surgery and he will feel the limitations for the rest of his life. Given his drive and physical stamina, he may well forget about the fragility of his back and reinjure himself in the future.

So, what are the chances of winning the above damages at trial? We feel those chances are extremely good. The jury will not be sympathetic to a torfeasor who lied to the investigating officer about his dangerous behavior and tried to shift blame. And, we think they will like [REDACTED].

The largest concentration of Venezuelans in the United States is in South Florida. Forty-two percent (42%) of the 248,000 Venezuelans now in the U.S. reside in Florida. They tend to be well-educated and middle-class. Many have arrived in the U.S. on visas and seek political asylum from the oppressive government of Nicolás Maduro and his predecessor, Hugo Chávez.

Although they cannot vote (be on a jury) from the moment they step on U.S. soil the way Puerto Ricans can, Venezuelans are quickly assimilating to an American way of life. So, we expect to be seeing them among our jurors in increasing numbers and soon.

How much might a jury award in this case? That will depend on the permanent activity restrictions following the multilevel fusion surgery, which are under the discretion of the operative surgeon. Suffice it to say, it is quite clear that [REDACTED] will not be conducting harvest expeditions to the Tonka bean jungle any more. Nor will he be mixing large vats of chocolate.

He endured extreme pain for a protracted period. In some different circumstances that would be called torture. He followed his doctors' orders to a "T". Nevertheless, he will have a long recovery period and suffered a permanent injury. This case deserves serious compensation.

Settlement Demand

Every case has a range of figures that damages will likely fall within at trial. Over recent years, that range has been increasing in Florida cases like this one. We believe the range for this particular case is between \$1.9 million and \$2.8 million.

Our client realizes the uncertain risks of trial and that not all verdicts come in at the high end of the range of damages. Therefore, I am authorized to settle all claims in this matter (including any potential claims for lost wages, reduced earning capacity and loss of consortium) for the amount of \$2.15 million.

This offer remains open for 30 days from the date of this letter and will expire at that time without further notice. That should be ample to review the documentation and imagery accompanying this demand.

Thank you for your courtesies in this matter. We look forward to an agreeable resolution.

Sincerely,