



AI WORKSHOP

CONFIDENTIAL MEDIATION BRIEF

Submitted solely to the mediator. Not to be shared with defense counsel without plaintiff's consent.

Superior Court of California, County of Sacramento
Wilhemina Brown v. Jarrold Green
Case No. 24CV-01842

Plaintiff's Confidential Pre-Mediation Brief

Mediation Date: August 21, 2026

Mediator: Hon. Elise Navarro (Ret.)

Submitted by: Mercer Feld LLP, Counsel for Plaintiff Wilhemina Brown

I. Overview

This is a strong liability case with a genuine damages allocation dispute.

Defendant Jarrold Green was intoxicated, ran a red light, and caused the collision. Mr. Green has effectively conceded fault for the crash. The real issues for mediation are narrower and more practical:

1. How much the plaintiff's damages should be reduced, if at all, because she was not wearing a seatbelt.
2. Whether the defense can meaningfully attribute part of Ms. Brown's ongoing breathing and smell complaints to a pre-existing deviated septum.
3. How a jury is likely to evaluate the competing accident reconstruction and medical causation evidence.

Wilhemina Brown was an innocent passenger. She suffered substantial facial trauma, underwent three surgeries, and continues to live with permanent scarring, altered facial

contour, impaired breathing, and diminished sense of smell. This is not a liability-driven mediation. It is a damages valuation mediation.

For purposes of this session, plaintiff is not seeking punitive damages. This mediation concerns compensatory damages only.

II. Parties

Plaintiff Wilhemina Brown is 41 years old. At the time of the collision, she was employed as a patient services supervisor at Mercy Regional Clinic in Sacramento. Her work is patient-facing and requires regular in-person interaction, long hours, and sustained concentration.

Defendant Jarrold Green is 32 years old and was operating a 2021 Ford F-150 at the time of the collision. He is insured through North Valley Indemnity under a \$1 million combined single-limit automobile policy. To our knowledge, no coverage issue exists.

III. The Collision

The collision occurred on May 18, 2023, at approximately 9:12 p.m., at the intersection of Howe Avenue and University Avenue in Sacramento.

Ms. Brown was the front-seat passenger in a 2018 Toyota Camry being driven by her coworker, Lisa Bennett. Traffic conditions were light. Weather was clear and dry.

Mr. Green, driving southbound on Howe Avenue, entered the intersection against a solid red light after consuming alcohol. His pickup struck the Camry in the front driver-side quarter. The impact caused the Camry to rotate clockwise and travel into the curb line and signal base. Ms. Brown, who was not wearing a seatbelt, was propelled forward into and partially through the windshield.

The liability proof is unusually strong:

- Sacramento Police concluded Mr. Green entered the intersection on a red light.
- Officers noted obvious signs of alcohol impairment at the scene.
- Mr. Green was charged and later convicted of DUI.
- In discovery, the defense has not meaningfully contested that Mr. Green caused the collision.

There is no viable comparative fault argument as to the happening of the accident itself. Ms. Brown was a passenger. The defense is properly focusing on injury enhancement, not crash causation.

IV. Injuries and Medical Course

A. Acute injuries

Ms. Brown was transported by ambulance to Mercy General Hospital. Initial imaging and trauma evaluation documented substantial facial injury, including:

- comminuted nasal bone fractures;
- septal collapse and nasal airway compromise;
- right zygomatic and maxillary facial fractures;
- multiple facial lacerations;
- significant soft-tissue trauma to the nose, cheek, and periorbital region.

She was admitted for four days.

B. Surgical treatment

Ms. Brown underwent three surgeries related to the collision injuries:

1. May 20, 2023
Open reduction and repair of facial fractures, nasal stabilization, and complex laceration repair performed by Dr. Elena Morales, facial plastic and reconstructive surgeon, with maxillofacial support from Dr. Andrew Patel.
2. October 3, 2023
Functional septorhinoplasty with internal nasal valve repair and turbinate reduction, performed due to persistent obstruction, structural collapse, and breathing impairment.
3. July 12, 2024
Secondary nasal reconstruction and scar revision to address continuing contour deformity, airway limitation, and visible facial scarring.

C. Current condition

Despite serious treatment efforts, Ms. Brown continues to report and exhibit:

- visible facial scarring across the bridge of the nose and right cheek;
- altered facial contour;
- chronic nasal obstruction, worse at night;
- diminished sense of smell;

- sleep disruption related to impaired breathing;
- embarrassment and self-consciousness in public-facing settings.

She has returned to work, but not without difficulty. Her sleep disturbance and breathing problems affect energy, concentration, and comfort. The visible nature of her injuries has also had a social and emotional effect that a jury is likely to appreciate immediately.

V. Pre-Accident Condition

The defense argues that part of Ms. Brown's ongoing breathing problem is attributable to a pre-existing deviated septum.

Our response is straightforward.

On April 14, 2023, approximately one month before the collision, Ms. Brown underwent her annual physical with Dr. Priya Nandakumar, her primary care physician. That record contains no complaint of nasal obstruction, breathing limitation, smell loss, or sleep-related breathing difficulty.

The defense points to deposition testimony that Ms. Brown's husband had at times commented that she snored. That is weak evidence of a meaningful pre-accident functional impairment. It certainly does not explain the severe post-collision trauma, the collapse of the nasal structures, three surgeries, or the objective residual deficits documented by her treating surgeon.

At most, the defense has created an apportionment argument. It has not created a persuasive alternative explanation for the bulk of Ms. Brown's current condition.

VI. Liability Assessment

Liability is excellent.

From the plaintiff's perspective, the only serious trial risk lies in damages allocation. On collision fault, the evidence is compelling:

- intoxicated driving;
- red-light violation;
- DUI conviction;
- innocent passenger plaintiff;
- no meaningful dispute over crash causation.

Mr. Green will present poorly to a jury on liability. Even without punitive damages in the case, the intoxication evidence materially affects juror perception of responsibility and case value.

VII. Damages

A. Economic damages

Plaintiff's current economic damages summary is as follows:

Category	Amount
Past medical expenses	\$163,430
Future medical expenses	\$32,500
Past lost earnings	\$44,860
Future loss of earning capacity	\$28,000
Total economic damages	\$268,790

These figures are based on treatment records, billing summaries, payroll records, and physician recommendations presently available. The future medical figure is conservative and includes anticipated ENT follow-up, medication management, scar care, and the reasonable possibility of limited revision treatment.

B. Non-economic damages

This is where the case carries substantial value.

The non-economic damages are driven by:

- severe facial trauma;
- three surgeries;
- permanent scarring and disfigurement;
- chronic breathing limitation;
- loss or diminution of smell;
- sleep disruption;
- humiliation and self-consciousness associated with a visible facial injury.

This is not a transient pain complaint. It is a permanent change in the way Ms. Brown looks and functions.

VIII. Expert Landscape

A. Plaintiff experts

Accident Reconstruction:

Plaintiff has retained Noah Mercer, Ph.D., P.E., a biomechanical and accident reconstruction engineer. Dr. Mercer uses AI-assisted modeling to analyze occupant kinematics and will opine that seatbelt non-use was not the sole or even dominant cause of Ms. Brown's facial injuries. His view is that the collision sequence and secondary vehicle dynamics would have produced significant injury even with restraint, although restraint likely would have reduced the extent of forward excursion to some degree.

Treating Surgeon:

Dr. Elena Morales will testify that the collision caused extensive structural injury to the nose and mid-face, that the surgeries were necessitated by crash-related trauma, and that the overwhelming share of Ms. Brown's present breathing limitation is attributable to the collision.

B. Defense experts

Accident Reconstruction:

The defense has retained Robert Halverson, P.E., ACTAR, a seasoned reconstruction expert with excellent credentials. He will testify that had Ms. Brown been belted, she likely would have remained in her seat and avoided most of the facial impact injuries.

Medical Expert:

The defense has retained Dr. Samuel Whitaker, professor of otolaryngology, who opines that a pre-existing deviated septum significantly contributes to plaintiff's current breathing problems and that the long-term impairment is overstated.

C. Candid assessment for the mediator

Our vulnerabilities are real, but they are limited.

- The seatbelt issue has traction because the mechanism of injury is visually intuitive.
- The defense reconstruction expert is more established and likely more trial-tested than Dr. Mercer.
- Plaintiff's use of AI-assisted reconstruction gives the defense an opening to challenge methodology and weight.

That said:

- the defense still has to persuade a jury to substantially discount a case involving admitted drunk driving and visible permanent injury;
- the treating-surgeon testimony is strong and credible;
- the pre-existing condition defense is thin on practical facts and stronger in theory than in lived evidence;
- even a meaningful reduction leaves this as a substantial damages case.

IX. Seatbelt Issue

We expect the defense to make the seatbelt issue the centerpiece of its damages case.

Plaintiff's realistic position is not that the issue disappears. It is that the defense overreaches. Ms. Brown accepts that a jury could assign some percentage of injury enhancement to non-use of a seatbelt. Our trial assessment is that a fair range for that issue is modest, not dramatic.

Privately, we believe the plaintiff is exposed to a 10% to 15% combined reduction when the seatbelt issue and pre-existing condition issue are considered together. The defense position that Ms. Brown bears 50% responsibility for her injuries because she was unrestrained is, in our view, too aggressive and likely to overstate what a careful jury would actually do.

X. Valuation and Trial Risk

For mediation purposes, plaintiff's current internal valuation is:

- Best case: \$850,000
- Likely case: \$550,000
- Worst case: \$250,000

The defense's last communicated valuation appears materially lower, driven by its aggressive seatbelt reduction model and its attempt to shift long-term breathing impairment to a pre-existing deviated septum.

Our candid view is as follows:

- A plaintiff verdict above \$700,000 is very realistic if the jury embraces the treating doctors, discounts the pre-existing condition theory, and gives only modest weight to the seatbelt defense.

- A verdict in the \$450,000 to \$600,000 range is the most realistic trial outcome.
- Plaintiff's downside risk arises if the defense succeeds in making the seatbelt issue the dominant story and persuades the jury that much of the breathing impairment is pre-accident. Even then, we do not see this as a nominal-value case.

XI. Settlement History and Mediation Posture

This brief is confidential to the mediator, so I will be direct.

- Plaintiff's current demand is \$775,000.
- Defendant's last offer is \$185,000.

The gap is significant but not irrational. It reflects sharply different assumptions about the seatbelt issue and the pre-existing condition issue.

Ms. Brown is emotionally invested in the case. Her injuries are visible, and she feels the defense has minimized what she has been through. That said, she understands litigation risk and is attending mediation in good faith.

If the defense approaches the session seriously and moves out of low-anchor territory, plaintiff is prepared to negotiate with flexibility. I believe there is a realistic settlement zone somewhere in the mid-to-upper \$400,000s, possibly modestly higher if the defense wants certainty and closure.

XII. What Would Help at Mediation

The most useful path for this mediation will be to focus quickly on the real issues:

1. Do not spend time litigating collision fault.
2. Separate seatbelt enhancement from fault for causing the crash.
3. Test the defense's actual confidence in proving that 50% of the injury should be shifted to plaintiff.
4. Explore how much independent force the pre-existing deviated septum argument really has in light of the pre-accident physical and the three post-collision surgeries.
5. Translate those risks into a practical damages range.

If those conversations occur early, I believe resolution is possible.

XIII. Conclusion

Wilhemina Brown was seriously injured because Jarrold Green drove drunk and entered an intersection against a red light. The defense has little room on collision liability and is left to argue that Ms. Brown's injuries were worsened by not wearing a seatbelt and that part of her ongoing nasal impairment predated the crash.

Those are legitimate issues for valuation. They are not winning defenses on the overall case.

This remains a significant compensatory damages matter involving an innocent passenger, admitted intoxicated driving, substantial facial trauma, three surgeries, permanent visible injury, and continuing functional impairment. Plaintiff comes to mediation prepared to negotiate realistically, but with the expectation that the case will be valued as the serious permanent-injury case that it is.

Respectfully submitted,

Hannah L. Mercer

Mercer Feld LLP

Counsel for Plaintiff Wilhemina Brown