



AI WORKSHOP

CONFIDENTIAL MEDIATION BRIEF

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

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

Defendant's Confidential Pre-Mediation Brief

Mediation Date: August 21, 2026

Mediator: Hon. Elise Navarro (Ret.)

Submitted by: Carver Stone LLP, Counsel for Defendant Jarrold Green

I. Overview

Defendant Jarrold Green submits this confidential brief to assist the mediator in focusing the session on the actual value-driving issues.

This is not a meaningful liability dispute as to the occurrence of the collision. Mr. Green acknowledges that he was intoxicated, entered the intersection against a red light, and caused the accident. The defense does not intend to spend mediation time relitigating the crash itself.

The mediation turns on damages, causation, and apportionment. The central questions are:

1. To what extent were Ms. Brown's facial injuries materially worsened because she was not wearing a seatbelt.
2. To what extent are Ms. Brown's ongoing breathing and smell complaints attributable to a pre-existing deviated septum, rather than the collision.

3. How a jury is likely to assess the competing accident reconstruction and medical causation opinions.
4. Whether the plaintiff's current valuation materially overstates the likely compensatory outcome at trial.

The defense recognizes that Ms. Brown is a sympathetic plaintiff and that the intoxication facts create obvious exposure. At the same time, this case is not worth what plaintiff demands. The defense view is that the plaintiff's most significant injuries were driven by the absence of restraint, and that her claim of near-total collision-related permanent breathing impairment is medically overstated.

Punitive damages are not part of this exercise or this mediation.

II. Parties

Defendant Jarrold Green is 32 years old. At the time of the collision, he was operating a 2021 Ford F-150 insured by **North Valley Indemnity** under a \$1 million combined single-limit automobile policy.

Plaintiff Wilhemina Brown is 41 years old and was employed as a patient services supervisor at Mercy Regional Clinic in Sacramento at the time of the accident.

The defense acknowledges that Ms. Brown sustained real injuries. The dispute is over degree, mechanism, and long-term attribution.

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 driven by Lisa Bennett. Mr. Green entered the intersection on a red light and collided with the Camry. Officers concluded he was impaired by alcohol. He later sustained a DUI conviction.

For mediation purposes, the defense accepts that Mr. Green caused the collision.

The more important point for valuation is what happened after impact. Ms. Brown was not wearing a seatbelt. The defense position is that the collision forces alone do not fully explain the extent of the facial injuries claimed. According to the defense reconstruction analysis, Ms. Brown's major facial injuries occurred because she was unrestrained, moved forward violently, and struck or partially penetrated the windshield area. The defense will present that as the central damages issue at trial.

IV. Defense Theory of the Case

The defense theory is straightforward:

- Mr. Green caused the crash.
- Ms. Brown did not cause the crash.
- Ms. Brown's failure to wear a seatbelt materially increased the severity of her injuries.
- Ms. Brown's claim of long-term breathing and smell impairment is also affected by a pre-existing deviated septum.
- Plaintiff therefore overstates both the gross value of the injury claim and the proper attribution of her ongoing impairment to this accident.

This is therefore a case in which liability for the event is conceded, but the amount recoverable remains sharply contested.

V. Injuries and Medical Course

The defense does not dispute that Ms. Brown suffered facial trauma and underwent substantial treatment. The records reflect:

- facial fractures involving the nasal and mid-face structures;
- lacerations and soft-tissue trauma;
- surgical repair following the collision;
- subsequent procedures directed to nasal function and contour;
- ongoing complaints involving breathing, smell, sleep, and appearance.

The defense also recognizes that Ms. Brown will likely present well to a jury due to the visible nature of the injury and the fact that she was a passenger.

That said, the existence of treatment and surgery does not end the causation inquiry. The key defense point is that the extent of the facial injury was substantially influenced by her unrestrained forward motion, and that some portion of her claimed residual nasal dysfunction existed independently of the collision.

VI. Seatbelt Non-Use

This is the defense's strongest issue.

Ms. Brown was not wearing a seatbelt. The defense reconstruction evidence concludes that, had she been restrained, she likely would have remained substantially in her seat and avoided the forward movement that caused the most serious facial impact injuries.

The defense position is not merely that the seatbelt issue warrants a token discount. The defense position is that seatbelt non-use was a major injury-enhancement factor and should substantially affect damages.

At trial, the defense will argue:

- the collision impact alone was not sufficient to produce the full extent of the facial trauma;
- the mechanism of injury is highly consistent with an unrestrained occupant moving forward into the windshield area;
- much of the serious facial trauma would likely have been avoided with proper restraint;
- any damages award must reflect that enhanced injury component.

This argument is likely to have intuitive force with jurors. It also provides the defense with its most credible path to meaningful damages reduction despite the poor liability facts.

VII. Pre-Existing Deviated Septum

The defense also maintains that plaintiff's current breathing and smell complaints are not entirely attributable to the accident.

The evidence on this issue is mixed, but it is real.

The defense otolaryngology expert, **Dr. Samuel Whitaker**, opines that:

- Ms. Brown had a pre-existing deviated septum;
- that condition likely contributed to airway restriction before the accident;
- the plaintiff's current complaints cannot be attributed entirely to collision trauma;
- the degree of permanent impairment claimed by plaintiff is overstated.

The plaintiff points to a pre-accident annual physical with no breathing complaint noted. The defense does not view that record as dispositive. Annual physical records often do not capture every low-grade symptom, and the absence of a complaint in a general exam does not rule out a pre-existing nasal structural condition.

In addition, Ms. Brown testified in deposition that her husband had told her she snored before the collision. That evidence does not prove the full defense position, but it does provide a factual foothold for arguing that plaintiff's current airway complaints did not begin from zero after the accident.

The defense recognizes that the pre-existing condition issue is less visually compelling than the seatbelt issue. Still, it has real value in limiting the long-term impairment claim.

VIII. Expert Evidence

A. Defense experts

Accident Reconstruction:

The defense has retained **Robert Halverson, P.E., ACTAR**, a highly experienced and well-credentialed accident reconstruction expert. Mr. Halverson concludes that proper restraint would likely have prevented or dramatically reduced the forward excursion that caused the most serious facial injuries.

Medical Causation:

The defense has retained **Dr. Samuel Whitaker**, professor of otolaryngology, who opines that plaintiff's current breathing impairment is materially affected by pre-existing anatomy and is not solely the result of the collision.

B. Plaintiff experts

The plaintiff intends to rely on:

- **Noah Mercer, Ph.D., P.E.**, for accident reconstruction and biomechanical analysis; and
- **Dr. Elena Morales**, treating facial plastic and reconstructive surgeon, for medical causation and permanency.

C. Defense assessment of expert risk

The defense believes the expert comparison favors the defense, particularly on the seatbelt issue.

Mr. Halverson is experienced, conventional, and likely to present as reliable. By contrast, plaintiff's reconstruction expert appears comparatively new and uses AI-assisted modeling that may draw skepticism if presented as a novel or insufficiently validated basis for reducing the effect of seatbelt non-use.

The defense also acknowledges that Dr. Morales, as a treating surgeon, may be a persuasive witness. Her role gives plaintiff a strong human and medical narrative. The

defense response is that treating status does not immunize her conclusions from challenge, especially where long-term nasal function and pre-existing anatomy are at issue.

IX. Economic Damages Assessment

The defense's current working damages analysis is more conservative than plaintiff's.

A. Defense view of recoverable economic damages

Category	Defense valuation
Past medical expenses, reasonable and related	\$149,800
Future medical expenses	\$12,500
Past lost earnings	\$31,400
Future loss of earning capacity	\$0 to \$10,000
Total economic damages	\$193,700 to \$203,700

The defense expects to challenge portions of the future economic claim, particularly where the plaintiff has returned to work and where future earnings loss appears modest or speculative.

B. Non-economic damages

The defense agrees there is legitimate non-economic value here. The injuries are visible and the treatment was substantial. The dispute is over how much of the long-term suffering and functional impairment should be attributed to the collision versus enhanced injury from non-use of a seatbelt and underlying anatomy.

In the defense view, the plaintiff's non-economic demand is inflated because it assumes near-total collision causation for the full residual picture.

X. Candid Assessment for the Mediator

The defense sees the case this way:

Strengths for the defense

- The case is really about damages, not liability.
- The seatbelt issue is strong and intuitive.
- The defense reconstruction expert is impressive and trial-tested.

- The pre-existing condition argument gives the defense another basis to limit future and permanent damages.
- Plaintiff's reconstruction methodology may be vulnerable because of its AI-assisted approach and the expert's relative newness.

Risks for the defense

- Drunk driving and a red-light collision create very poor liability optics.
- The plaintiff was an innocent passenger.
- The injuries are visible and likely to generate juror sympathy.
- Three surgeries create a powerful anchor for damages.
- A treating surgeon will likely be a compelling witness for plaintiff.
- Jurors may be reluctant to impose as much reduction as the defense would ideally seek, even if they accept the seatbelt argument in principle.

In short, the defense has legitimate reduction arguments, but not a denial case.

XI. Valuation and Trial Risk

For internal mediation purposes, the defense currently evaluates the case as follows:

- **Best case:** \$150,000
- **Likely case:** \$325,000
- **Worst case:** \$800,000

The defense believes the most realistic trial range is somewhere between **\$250,000 and \$400,000**, depending largely on how the jury handles the seatbelt evidence and the permanence claims.

A verdict substantially above that range is possible if the jury treats the case primarily as a drunk-driving facial disfigurement case and discounts the defense causation arguments. Conversely, the defense sees limited risk of a very low verdict because the acute injury evidence is too substantial.

XII. Settlement History and Mediation Posture

For the mediator only, the current posture is as follows:

- Plaintiff's current demand is **\$775,000**.

- Defendant's last offer is **\$185,000**.

The defense believes plaintiff's current demand still materially overvalues the case and does not adequately account for injury enhancement and pre-existing condition risk.

That said, the defense is attending in good faith and is prepared to move. If plaintiff signals realism on the seatbelt issue and moderates her valuation of the permanent airway complaints, there is room for productive negotiation.

At present, the defense believes a fair settlement range lies approximately in the **high \$200,000s to mid \$300,000s**. Movement beyond that would require meaningful reassessment during the mediation, particularly if plaintiff demonstrates flexibility and if the carrier becomes convinced that the jury appeal of the case is likely to overcome part of the seatbelt defense.

XIII. What Would Help at Mediation

The defense believes the mediation will be most productive if the discussion centers quickly on the following:

1. A practical distinction between causing the crash and causing the full extent of the injury.
2. A realistic assessment of how persuasive the seatbelt issue will be to a jury.
3. A careful examination of whether plaintiff can truly separate her post-accident airway limitations from a pre-existing deviated septum.
4. A candid comparison between plaintiff's newer AI-assisted reconstruction evidence and the defense's more conventional reconstruction testimony.
5. A disciplined discussion of reasonable damages ranges rather than broad moral arguments about intoxicated driving.

If the session stays on those issues, the defense believes resolution is possible.

XIV. Conclusion

Jarrold Green accepts responsibility for causing the accident. The defense is not here to relitigate liability. The dispute is about the extent of compensable injury.

Wilhemina Brown sustained real injuries and deserves fair compensation. The defense position, however, is that plaintiff's current valuation materially overstates what a jury is likely to award after considering the effect of seatbelt non-use and the evidence of pre-existing nasal impairment.

This is a significant case, but it is not an open-ended case. With disciplined focus on causation, apportionment, and the realistic strengths and weaknesses of the competing experts, the defense believes the matter can be resolved at mediation.

Respectfully submitted,

Daniel R. Stone

Carver Stone LLP

Counsel for Defendant Jarrold Green