$100,000 Settlement for Motor Vehicle Accident

In September 2017, Plaintiff was operating a Jeep Compass and was fully stopped in traffic, while traveling northbound on West Clinton Street just north of its intersection with Leonard Street in Dover, New Jersey. At the same time, a Toyota Camry operated by seventeen (17) year old inexperienced driver, Defendant was traveling directly behind Plaintiff in her lane of travel on West Clinton Street at the aforementioned location. Defendant negligently failed to maintain proper observations, failed to maintain reasonably safe following distance, and/or otherwise failed to take evasive action, when she struck Plaintiff's fully stopped vehicle in the rear at an excessive rate of speed without warning. The force of the impact was so great that the vehicle of the defendant sustained significant property damage requiring that it be towed from the accident scene. As contained on the business record of the police report, Defendant admitted to responding Police Officer, that her brakes were bad and the road was wet. She further admitted that she struck Plaintiff's vehicle in the rear while trying to stop.

Initially, Plaintiff did not seek medical attention immediately following this accident because she believed that she was suffering from some minor soreness that would resolve quickly on its own. When her pain failed to resolve, she presented to a chiropractor where she complained of severe neck pain radiating down her right shoulder through her right arm with associated numbness and tingling. In response to these complaints, she commenced a course of conservative management consisting of chiropractic care, acupuncture, and physical therapy. During the course of her treatment, she was referred for diagnostic testing in order to better ascertain the nature and extent of her injuries. In December 2017, she underwent MRIs to her cervical spine which revealed (1) right paracentral disc herniation at C5-C6 with associated encroachment on the anterior aspect of the spinal canal in contiguity with the right anterior aspect of the spinal cord, confirmed by positive upper extremity EMG/NCV findings for bilateral C5-C6 radiculopathy; and (2) central disc herniation at C6-C7 with encroachment on the anterior aspect of the spinal canal.

She concluded her chiropractic treatment in February 2018. Based upon the severity of her injuries and their failure to respond to physical modalities, she was referred to a pain management specialist and

was recommended a cervical epidural steroid injection with epidurography at C6-C7. In June 2018 she underwent the recommended cervical epidural steroid injection at C6-C7. The injection only temporarily relieved her pain.

When conservative treatment failed to resolve her cervical spine symptoms and complaints, she consulted a neurosurgeon on and was recommended C5-6 discectomy. In December 2018, Plaintiff ultimately underwent, C5-C6 interbody arthrodesis and discectomy with decompression of spinal cord and nerve roots; C5-C6 anterior instrumentation; Placement of C5-C6 intervertebral PEEK cage; Application of cranial tongs; Fluoroscopic guidance for localization; Bone marrow harvesting for transplantation; Reconstruction of ilium; Harvesting of right morselized anterior iliac crest autograft; Harvesting of right structural anterior iliac crest autograft; Harvesting of local bone autograft; Placement of Actifuse; Use of microscope for microdissection; and Placement of right iliac crest On-Q local anesthetic catheror. Plaintiff is currently following up post-operatively.

The case settled for the $100,000.00 policy limit, prior to the scheduling of a trial.