

# \$100,000 Settlement for Pedestrian Accident

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In December 2017, Plaintiff was a pedestrian attempting to cross the street in a marked crosswalk at the intersection of Speedwell Avenue and Flagler Street in Morristown, New Jersey. At the aforesaid time and place the Defendant was the operator of a motor vehicle and was proceeding southbound on Speedwell Avenue at or near the intersection of Flagler Street. Defendant negligently, carelessly, and recklessly failed to make proper observations and/or take evasive actions while driving through a pedestrian crosswalk, causing her vehicle to violently strike Plaintiff while in the crosswalk. Defendant was issued summons for careless driving in violation of N.J.S.A. 39:4-97 and for failing to yield to a pedestrian in a crosswalk in violation of N.J.S.A. 39:4-36.

Plaintiff was affixed to a backboard with a cervical collar applied to his neck and was transported via ambulance from the scene of the accident to the hospital. At the hospital Plaintiff complained of pain to his entire body, including his neck, back, knees, chest, abdomen, pelvis, and arms. He underwent CT testing to his head, cervical spine, abdomen, and chest. In addition, he also underwent x-ray testing to his chest, pelvis, shoulders, humerus, elbows, knees, tibia, fibula, and femur. Plaintiff was thereafter discharged with instructions to take ibuprofen for his pain and to return to the hospital if his pain persisted. He ultimately returned to the hospital because he continued to experience severe pain, underwent additional diagnostic testing, was prescribed Diazepam and Percocet and discharged with the instructions to see a specialist.

In January 2018, he consulted with a chiropractor and commenced a course of conservative treatment consisting of chiropractic care and physical therapy. During the course of his conservative treatment, he was recommended for diagnostic testing in order to better ascertain the nature and extent of his injuries. Based on that recommendation he underwent x-ray testing to his cervical spine and lumbosacral spine. The x-ray results were unremarkable. In March 2018, he underwent MRI testing to his cervical spine and lumbar spine. The MRI report of his cervical spine revealed: (1) a central disc herniation at C4-5 with encroachment of the anterior aspect of the spinal canal; (2) a central disc herniation at C5-6; and (3) a central disc herniation at C6-7 with encroachment of the anterior aspect

of the spinal canal. The MRI report of his lumbar spine revealed: a right-sided disc herniation at L5-S1 with associated right neural foraminal encroachment. In April 2018, he underwent an upper and lower extremity nerve testing which revealed evidence of bilateral C4-5 and right L4-5 radiculopathy.

During the course of his treatment, he also consulted with a pain management specialist who recommended that plaintiff undergo a lumbar epidural steroid injection. Plaintiff's chiropractic care concluded in May 2018 and was recommended to a neurosurgeon. After consulting with a neurosurgeon in July 2018, he was recommended L4-5 discectomy.

Since the course of conservative treatment failed to alleviate Plaintiff's pain, in November 2018, he ultimately underwent Left L4 hemilaminectomy, facetectomy and foraminotomy with decompression of nerve roots; left L5 lateral recess decompression of foraminotomy with decompression of nerve root; open L4-L5 discectomy; harvesting and placement of fat graft; use of microscope for microdissection; fluoroscopic guidance for localization; and placement of left On-Q local anesthetic catheter.

The case settled on November 26, 2018 for the \$100,000.00 policy limit prior to the scheduling of a trial.