\$775,000 Total Settlement for Motor Vehicle Accident

In May 2018, Plaintiff 1 was a passenger in a Hyundai Tucson, which was operated by her daughter, Plaintiff 2. Their vehicle was stopped in traffic on Route 80 West, in Rockaway Township, NJ. At the aforesaid time and place, Defendant was the operator of a Mack Dump Truck which was traveling behind Plaintiffs' vehicle, on Route 80 West. Defendant negligently, carelessly, and recklessly operated the aforesaid motor vehicle, by failing to make proper observations take evasive actions, and otherwise failed to maintain proper following distance causing him to violently strike the rear of Plaintiffs' vehicle at an extremely high rate of speed, leaving 400 feet of skid marks and ultimately coming to rest on top of Plaintiffs' vehicle. Defendant's vehicle also struck three other vehicles during the course of this accident. The impact to Plaintiffs' vehicle was so severe that Plaintiff 1's seat broke and her left leg went through the windshield.

Plaintiff 1 immediately complained of pain to her neck and was transported via ambulance to the hospital. While in the hospital, it was determined that she sustained a C6 dislocated fracture. Due to the severity of her injuries, she was recommended for surgical treatment in the form of an open reduction. However, due to other secondary cardiac medical conditions, she was unable to immediately undergo the recommended surgery, and therefore she required stabilization to prevent any further translation or deconstruction of her cervical spine prior to surgery.

In order to achieve stabilization, her orthopedic surgeon performed a C6-7 closed reduction with skeletal traction with application of Gardner-Wells tongs. Before Plaintiff 1 was able to undergo the open reduction, she had to undergo a complete blood transfusion. Once that was completed, while still confined to the hospital the surgeon performed a two level cervical anterior discectomy and fusion with instrumentation at C5-6 and C6-7 as well as a C6-7 open reduction, a 7mm cage and 32mm anterior cervical plate was used, as well as 12mm x 3.5 self-drilling screws into the respective vertebral bodies at C5, C6 and C7. She remained in the hospital for two weeks.

Unfortunately, after this accident, Plaintiff's cardiac issues worsened. Less than two weeks after being discharged from the hospital, she experienced a sudden onset of chest pain. She was given nitro tabs and nitro spray and sent to the emergency room. She was then transferred to Morristown Medical Center through the emergency room and admitted into Internal Medicine.

She was then transferred to the Catheterization Lab where she underwent a left heart cardiac catheterization with LAD and circumflex stent placement. She was prescribed a proton pump inhibitor twice daily, but was recommended for a gastrointestinal consultation after discharge and a percutaneous coronary intervention (angioplasty).

In July 2018, Plaintiff 1 commenced post-surgical rehabilitation and physical therapy until October 2018. Following her surgery, she was seen for a few post-operative evaluations and was discharged in November 2018 and was recommended activity modifications as needed to minimize any regressive pain.

As to Plaintiff 2, she was taken via ambulance to the hospital following this accident where she complained of pain to her neck. She also sustained a concussion as a result to the accident. At the hospital she was examined and discharged with the instructions to see a specialist if her pain persisted. She presented to a chiropractor where she commenced a course of conservative treatment consisting of chiropractic care and physical modalities. 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 August 2018, she underwent a cervical and lumbar MRI which revealed a left paracentral disc herniation at C4-5 as a result of this accident, as well a disc herniation at L5-S1 which encroaches the anterior aspect of her spinal canal. In addition, in October 2018, she underwent an EMG/NCV study which revealed evidence of right cervical radiculopathy. Plaintiff 2 concluded her chiropractic treatment in October 2018.

The case settled on for the total amount of \$775,000.00. (\$725,000.00, as to Plaintiff 1, prior to the scheduling of a trial and \$50,000.00 as to Plaintiff 2, prior to a lawsuit being filed).