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June 25, 2009

Via Certified Mail Return Receipt
No.: 7009 0080 0002 2564 9585

Dave Denton
A-Service Adjusting
P.O. Box 1041
Buda, Texas 78610

Re: Our Client: Jane Doe
Date of Injury: July 5, 2007
Your Insured: Sabas Mendez - driver / Star Tran, Inc. - employer
Capitol Metropolitan Transportation Authority
Texas Municipal League Risk Pool
Claim Number: 0700137562 (01-02)

Dear Mr. Denton:

In an attempt to resolve the above-referenced matter amicably, our firm hereby submits the following demand on behalf of our client:

FACTS

On or about July 5, 2007, shortly after 1:15 p.m. on a Thursday afternoon, our client, Mrs. Jane Doe, was the properly restrained driver of a 2003 Saturn Ion sedan, driving eastbound on Parmer Lane, in Austin (Travis County), Texas. She came to a stop at the red light at the intersection of East Parmer Lane and McAllen Pass.

A Capital Metro bus was behind her, being driven by a Mr. Sabas Mendez. According to the accounts of Mr. Mendez, and passengers on the bus, he was either slowing to a stop or at a stop behind our client, when he took his attention off of the road and began adjusting his A/C controls. During the process of doing so, his foot slipped off the bus brake, and in an extreme hurry to get control of the bus again, he stomped down on what turned out to be the gas pedal instead of the brake. This sudden action hurled the bus forward into a violent impact with the rear of our client's vehicle.

Our investigation has concluded that your insured's negligence was the proximate cause of our client's injuries and damages, in one or more of the following ways:

- (1) He failed to remain attentive to traffic conditions in front of him, as a reasonable bus driver of ordinary prudence would do in the same or similar circumstances;
- (2) He failed to maintain assured clear distance so that he could come to a stop in time;
- (3) He failed to timely apply his brakes so as to avoid a collision; and,
- (4) He carelessly, negligently, and in a hurried fashion, mistook the accelerator for the brake pedal, and stepped hard on the gas so as to cause the collision.

As a result of the above-mentioned acts and omissions, our client incurred substantial property damage (estimated to be approximately \$4,500.00) and suffered serious pain and personal injuries, set forth in more detail below.

INJURIES

Very shortly after the collision, Mrs. Doe developed the onset of headaches and pain and tightness in her back. She went to see her primary care physician, Kevin Carlson, M.D., at Wells Branch Medical Center that same day. Dr. Carlson examined and found her to be very tender to pressure and palpation in the mid-back and associated paraspinal muscles. He diagnosed her with acute thoracic strain secondary to the motor vehicle collision, and prescribed Celebrex and Skelaxin for pain relief and muscle relaxation, advised her to use heat and rest, and then follow up if symptoms persisted or worsened.

Over the next week to ten days, Mrs. Doe diligently took her medications, tried to rest and apply heat, and not exert her back. However, not only did pain in the mid-back spread to her lower back, but she developed shooting / radiating pains and numbness in the right and left hips and legs. This worrisome development caused her to make an appointment to see Dr. Mustasim Rumi, an orthopedic specialist with the Orthopaedic Associates of Central Texas clinic, on July 16, 2007.

Prior Treatment: As you are clearly entitled to know (and as can be seen in the medical records), Mrs. Doe had treatment with Dr. Rumi at this same orthopedic clinic approximately a year prior to this collision with the Capital Metro bus. Her first consultation with Dr. Rumi was on September 21, 2006. Her precipitating event was an incident in which she suffered injury due to hyperextension of her right hip and “twisting” of her back in a bodysurfing accident at the age of eight, over 20 years prior. Since that time, she had perhaps one episode of back pain per year which would last for a couple of days. She would manage this pain with medication and stretching. In the time period of September 2006, there was no traumatic event, but she began to suffer worsening symptoms of back pain with associated numbness and tingling down the right lower extremity (right buttock and thigh).

Dr. Rumi referred her to physical therapy, which she did at Affiliated Physical Therapies (a group which appears to be no longer in practice and from which records have been unavailable), and gave her medication. He wanted to see her back in six weeks to assess

her symptomatology and see if an MRI was needed. She returned to Dr. Rumi on November 2, 2006. At that time, her radiating symptoms in the right lower extremity had improved from therapy, but she still had occasional flare-ups of the back pain which would send some shooting symptoms down the right leg. Dr. Rumi referred her for a lumbar spine MRI.

She underwent the lumbar MRI at Round Rock Imaging on November 3, 2006. The MRI revealed disc herniation at T11-12, a smaller herniation at T12-L1, and a comparably small herniation at L4-5. All three of these were described as right-side herniations, and there was discussion only of impact and/or irritation toward right-sided nerve roots.

On a follow-up visit with Dr. Rumi on November 9, 2006, he assessed the MRI findings and her present physical condition, and made the important conclusions that: "I ... told that there is nothing to be worried about. Her symptoms will improve. I will see her back on an as-needed basis of her symptoms worsen."

As Dr. Rumi correctly assessed, Mrs. Doe did not worsen and did not have any need to return to orthopedic treatment since November 9, 2006. She was doing fine with medication, and at-home stretching exercises as needed. Her right extremity radiating symptoms were very much under control, and she was not symptomatic for over a seven (7) month period.

Then, this July 5, 2007 collision occurred.

On the note of her July 16, 2007 visit with Dr. Rumi, there were several very important documented statements: (1) her pain and symptoms were very manageable since November of 2006, with medication and at-home exercises; (2) she had a new injury on July 5, 2007; and, (3) there had been emergence of an entirely new symptom, never reported previously in any of her pre-accident orthopedic records: numbness and radiation into the left lower extremity. Dr. Rumi recommended another lumbar MRI to assess any changes.

Mrs. Doe underwent the MRI at Round Rock Imaging on July 17, 2007. Important findings were that the T11-12 herniation had in fact diminished in size as compared to the November 2006 MRI, whereas the T12-L1 herniation protruded now about 3 mm beyond the cortical margin of bone, and the L4-5 herniation demonstrated extrusion of disc material about 5 mm beyond the cortical margin of bone. These findings were quite consistent with her initial post-accident complaints to Dr. Carlson of mid-back pain and tenderness (and initial diagnosis of thoracic strain), which then spread and included lower back pain and radiculitis into the right lower extremity, and some new symptoms into the left lower extremity.

Clearly, there was aggravation of her pre-existing condition (and this opinion is supported in writing by Dr. Jeffrey DeLoach, the orthopedic and pain management physician to whom Dr. Rumi referred her for further non-surgical care of her spine and associated pain).

From August 2007 to present, Mrs. Doe has had to go through a long, frustrating, and painful course of treatment that has involved pain management injections, nerve conduction studies, nerve deadening injections, medication, and an additional round of physical therapy. This was due to the July 5, 2007 aggravation of her previously largely asymptomatic condition, according to both the pre- and post-accident records of Dr. Rumi, and the records and narrative opinion of Dr. DeLoach.

The injections themselves were painful and caused discoloration and bruising on Mrs. Doe's back (as can be seen in the enclosed photographs). Mrs. Doe had to take increased pain medications after the injections for several days in order to overcome the pain associated with the injections themselves. Only then could it be determined how effective the injections had been in blocking the nerve pain for which she was undergoing orthopedic and pain management treatment in the first place.

After undergoing several rounds of injections at the direction of Dr. DeLoach, Mrs. Doe felt that in all prudence, she should seek a second opinion with another orthopedic specialist. On October 10, 2008, she consulted with Viet Tran, M.D., of the Spine & Rehabilitation Center. Dr. Tran recommended, based on her course of treatment up to that point, that she should investigate getting nerve pain blocker injections at the sacro-iliac (SI) joint and facet joint, in order to truly target the pain generator location. Up to that point, the treatment had consisted of epidural steroid injections.

Mrs. Doe returned to Dr. DeLoach with this information, and it proved to be quite useful and beneficial in providing her more targeted and sustained relief. However, her treatment is not concluded, and Dr. DeLoach has further opined to our client that her latest nerve block injection (done in April) would last about 12-14 months. Therefore, she will most likely require future medical treatment as a result of this July 5, 2007 collision.

DAMAGES

As a direct result of your insured's negligence, our client has incurred the following economic damages:

Past Medical Expenses

1.	Wells Branch Medical Center	\$ 215.00
2.	Orthopaedic Associates of Central Texas	\$ 14,382.00
3.	Round Rock Imaging	\$ 1,549.00
4.	Round Rock Rehab	\$ 1,035.00
5.	Oakwood Surgery Center	\$ 38,256.00
6.	Spine & Rehabilitation Center	\$ 324.22

7.	Prescription Rx	\$ 175.09
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	Total Past Medical Expenses:	\$ 55,936.31

Projected Future Medical Expenses

8.	Narrative Opinion of Dr. Jeffrey DeLoach	\$ 5,000.00 to \$7,500.00
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It would be no exaggeration whatsoever to say that the aggravation of her injury by this Capital Metro accident has turned Mrs. Doe's life upside down. Prior to July 5, 2007, her back pain was episodic at best, and completely manageable with no injections whatsoever. Since the July 5, 2007 accident, she has had to go through a very long, very frustrating, and very painful course of physical therapy, epidural steroid injections, nerve-blocker injections, medication, and routine follow-ups. During this time, she has been severely limited in the activities that she used to regularly do prior to the July 5, 2007 event, such as:

- (1) Swimming;
- (2) Gardening;
- (3) Active family trips (hiking, watercraft, amusement park rides, etc.);
- (4) Normal and healthy marital relations;
- (5) Picking up and carrying her children; and,
- (6) Picking up items over 5-10 pounds.

Both Mrs. Doe and her husband, John Doe, are likeable individuals that would make very sympathetic witnesses in front of a jury, in describing the effect this accident has had on her life in specific, and their marriage and family life in general.

Our client is prepared at this time to submit the following demand:

DEMAND

Based on Mrs. Jane Doe's economic damages (past and future medical expenses), and also based upon her past and future physical impairment, past and future physical pain and suffering, and past and future mental anguish, demand is hereby made for **\$150,000.00**, in exchange for a full and final release of all claims against your insured.

ADDITIONAL CONSIDERATIONS

Because of the rapidly approaching statute of limitations (due to the timeframe it has taken to gather the most up-to-date medical records and narrative reports), we will very shortly be filing suit in this matter in order to preserve our client's rights. However, we remain open to negotiating a settlement, and preferably can come to some agreeable number without either side

incurring substantial litigation costs. If settlement offers are not sufficient to fairly and adequately compensate our client for her damages, we are equally committed to pursuing this matter all the way to trial, if necessary.

ENCLOSURES

In order to assist you in evaluating this demand, we have enclosed: (1) all of the medical records and itemized bills; (2) the medical records of our client's treatment prior to this accident; (3) the narrative report of Dr. Jeffrey DeLoach as to causation, aggravation of injury, and future medical; (4) the police accident report; (5) an aerial satellite view of the accident scene; and, (6) photographs of the immediate aftermath both at the accident scene and afterwards, including her vehicle property damage and the Capital Metro bus, and photographs of the painful bruising to her back from multiple pain management injections during her course of treatment.

Please do not hesitate to contact the undersigned with any questions. We appreciate your assistance and cooperation in promptly resolving this matter.

Sincerely yours,

Ali A. Akhtar
Attorney at Law

Austin Office
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Enclosure