

Claim for Bodily Injury Settlement Purposes Only

Key Information

From John Smith, Esq.	Claims Adjuster Jane Smith
To Insurance Co. Mutual Insurance Company	Claimant John Doe
Claim # CLM-EX-2024-00123	Date of Accident 2024-07-23
No. of Days Since Accident 533	Date of This Request
Our Demand Of \$342,989.51	Date Response Due

Introduction & Settlement Request

Dear Jordan P Adjuster,

Our firm has the pleasure of representing **John A. Doe**, a 16-year-old male. The injury to our client has resulted in significant losses across several aspects of his life, including the deprivation of the ability to benefit from various duties typically performed by a family member. This demand package is submitted to initiate negotiations for a bodily injury settlement. It is intended to serve as a structured and objective analysis to support the comprehensive evaluation of the claimant's economic and non-economic damages.

The report includes a detailed analysis of the claimant's medical assessments, functional impairment ratings, economic loss calculations, and documented non-economic damages. It encompasses trauma inventories that highlight physical, emotional, socioeconomic and cognitive impacts, ensuring that often-overlooked non-economic damages are fully captured. The impairment ratings follow established methodologies, presenting a quantifiable measure of functional loss. Economic losses are calculated using standardized economic data, including federal expectancy metrics, Bureau of Labor Statistics (BLS) data, and present-day value assessments. Additionally, the analysis is conducted under recognized legal and clinical protocols, including the Abbreviated Injury Severity Scale (AIS) and New Injury Severity Score (NISS), ensuring the report's alignment with evidentiary standards.

This information is submitted solely to provide your company with a limited opportunity to offer to resolve this claim. All materials are provided strictly for settlement negotiation purposes and should not be utilized in any later trial or proceeding without our explicit consent. Furthermore, these materials remain the property of our client and must be returned upon request.

My client seeks fair compensation for injuries sustained as a result of the accident, including pain and suffering, loss of services, permanent impairment, medical expenses, and the adverse effect on the quality of living. It is important to note that the medical expenses provided do not fully reflect the severity of injuries or the damages suffered. Additional administrative claim considerations, sometimes external to the medical records, may need to be included in the settlement calculus to facilitate a fair and equitable resolution.

In the event of a settlement, any release shall include the following language:

“This demand package does not release any other parties except the releasee's insured(s) and their insurance company. Furthermore, this document does not extinguish any rights for the releasor's first-party benefits. Finally, this document does not release the releasor's rights or their insurance company's subrogation right for property damage.”

Should the release fail to include this language, we will stamp the release accordingly. If you have any objections to this language, please state them in writing so that we may stipulate a mutually acceptable release.

This report is presented as a clear, concise, and evidence-backed perspective on the full scope of the claim’s valuation. It is designed to enhance the documentation process by providing a methodical presentation of the injury claim's elements, ensuring all relevant factors are fully considered during evaluation and settlement discussions.

Sincerely,
John Smith, Esq.
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Medical History

SOURCES OF MEDICAL HISTORY	REVIEWED	ENCLOSED
1.01 Medical Office Records	X	X
1.02 Hospital Records		
1.03 From Other Sources	X	
1.04 From Patient	X	X

CONTINUITY & TIMING OF CARE	REVIEWED	ENCLOSED
1.05 Delay in Seeking Care	X	X
1.06 Gaps in Treatment	X	X

Clinical Evaluation

	REVIEWED	ENCLOSED
CLINICAL EVALUATION DETAILS		
2.01 Physical Examination	X	X
2.02 Injuries - ICD Codes Required	X	X
2.03 Symptoms Documented	X	X
2.04 Laboratory Tests		
2.05 Special Tests		
2.06 Diagnostic Procedures	X	X
2.07 Specialist's Evaluation		
2.08 Medical Validation and Determination	X	X

Diagnoses

The findings are found to include reasonable medical probability.
Symptoms, complaints and diagnoses are causally related to the accident
V43.5 Driver of a car driver injured in collision with another vehicle
V43.52XA Car driver injured in collision with other type car in traffic accident, initial encounter
H53.9 Visual disturbances
H53.2 Double vision
H53.71 Sensitivity to light
H53.10 Seeing stars
H53.1 - Blurred vision
F07.81 Post-Concussion Syndrome
R42 Feelings of dizziness
M62. 81 Muscle weakness
S09.90XA: Closed Head Injury
H54. 7 Unspecified visual loss

Diagnoses

F98.9 Emotional Disorders
R45.86 Behavioral and Emotional Concussion
R20.9 Unspecified disturbances of skin sensation
Cerebral contusion and or concussion are mild traumatic brain injuries
BDNF blood test bio-marker determined the presence of 'Traumatic Brain Injury'
S06.0X0 Concussion without loss of consciousness
Concussions may be classified as having somatic preoccupation
Concussions need not be visible on MRI's
Contusions are a localized form of head injury [and macroscopic]
Concussions can occur without loss of consciousness
H93.19 Tinnitus (4% WPI)
M67.40 Chain Ganglia Injury/Sympathetic Syndrome
H93.3X9 Disorders of the Acoustic Nerve (Cranial nn #8)
F1099 - Reduced alcohol intolerance
F43.2 Adjustment disorders in Enjoyment of Life
R46.6 Preoccupied
R53.83: Other malaise and fatigue (Lethargy, Tiredness)
R45.4 Feeling frustrated, impatient, or intolerant
R41.89 Poor judgement
Z59.82-Problems driving or riding in vehicles
Z63: Loss of Service (Personal)
Concussions produce a disturbance in brain function with no brain damage
R27.0: Dyskensia (Lack of Coordination)
M53.82: Neck disorder/symptoms
M53.3 Sacral pain
M51.46 Schmorl's nodes
Z98.1 Spinal Fusion
R63.4 Weight loss

Diagnoses

R41.840 Attention and concentration deficits
F41.1 Anxiety
F43.11 Post-traumatic stress disorder, acute
F48.8 - Feeling 'in a fog' or 'dazed'
R46.4 - Feeling 'slowed down'
308.3-Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic accident event
F43.10-Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated)
G47.9: Sleep disturbance
R51.9: Headache
R42: Dizziness
G44.309: Posttraumatic headache, unspecified
G45.0 Vertebro-basilar artery syndrome
M54.12 Cervical Radiculopathy
H53 - Vision Problems
S05.31XA Globe Rupture Right Eye
S05.41XA Penetrating Eye Injury Right
S02.841A Right Orbit Lateral Wall Fracture

Radiculopathy

R20.2 Paresthesia / tingling / burning / prickling
M79.2 Neuritis (Site Unspecified)
M79.2 Neuralgia/neuritis - unspecified neuralgia/ neuritis
0.4 grams Hand & dorsal foot diminished light touch

Complaints

BODY PARTS	
Tension headache	<p>Worsening Effects:</p> <ul style="list-style-type: none">- Noise <p>Intensity:</p> <ul style="list-style-type: none">- 1-3 Low- 7-9 Intense- 10 Emergency (Require ER Visit) <p>Frequency:</p> <ul style="list-style-type: none">- Intermittent 0-25% of the day <p>Wrist/hand:</p> <ul style="list-style-type: none">- 99243 Office Consultation
Jaw	<p>Frequency:</p> <ul style="list-style-type: none">- Constant 76-100% of the day- Occasional 25-50% of the day <p>Pain Type:</p> <ul style="list-style-type: none">- Decreased Sensitivity <p>Intensity:</p> <ul style="list-style-type: none">- 1-3 Low
Wrist Pain	<p>Frequency:</p> <ul style="list-style-type: none">- Constant 76-100% of the day- Occasional 25-50% of the day <p>Pain Type:</p> <ul style="list-style-type: none">- Decreased Sensitivity <p>Worsening Effects:</p> <ul style="list-style-type: none">- Weight Bearing
Knee	<p>Frequency:</p> <ul style="list-style-type: none">- Constant 76-100% of the day- Intermittent 0-25% of the day <p>Worsening Effects:</p> <ul style="list-style-type: none">- Laterally Bend Ankle In <p>Intensity:</p> <ul style="list-style-type: none">- 1-3 Low- 7-9 Intense
Coccyx Pain	<p>Worsening Effects:</p> <ul style="list-style-type: none">- Straining
Neck	<p>Pain Type:</p> <ul style="list-style-type: none">- Aching <p>Worsening Effects:</p> <ul style="list-style-type: none">- Repeated Movement <p>Intensity:</p> <ul style="list-style-type: none">- 4-6 Moderate <p>Location:</p> <ul style="list-style-type: none">- Right Side <p>Frequency:</p> <ul style="list-style-type: none">- Frequent 51-75% of the day

CONCUSSIONS

Indicates S06.3: Cerebral Contusions

- Unspecified visual loss
- Feelings of dizziness
- Tinnitus
- Reduced alcohol intolerance

Indicates F07.81 Post-Concussion Syndrome/Vestibular Disorder

- Muscle weakness
- Difficulty concentrating

Indicates S09.90XA: Closed Head Injury Cognitive, Somatic, or Psychological Concussion

- Feeling "in a fog" or "dazed"
- Preoccupied
- Extreme Worry

Indicates R45.86 Behavioral and Emotional Concussion

- Being irritable, nervous, or easily angered
- Outdoor grill cooking
- Preparing Salads

COGNITIVE DISTURBANCES

F98.9 Emotional Disorders

- Slurred speech

GANGLIA NERVE INVOLVEMENTS

M67.40 Chain Ganglia Injury/Sympathetic Syndrome

- Numbness of the side of the neck

M67.40 (C5) Ganglia Level

- Weakness of the arm when combing the hair, fastening a bra or reaching into pocket
- Sitting
- Arising
- Standing

M67.40 (C2, C3, C4) Ganglia Level

- Swelling and stiffness of fingers

STRESS DISORDERS & SYNDROMES

Post-traumatic Stress Disorder Symptoms

- Difficulty with traveling in vehicles as a passenger since the accident
- Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic accident event
- Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated)

SKIN SENSATION OR NERVE SENSATION	
Decreased (loss of) sensation dermatomal pattern	Location: - Ankle id: - 2435 - 2436 Intensity: - 4-6 Moderate

Impairment Rating According to AMA Guide

All impairment findings in this report are identified, categorized, and assigned in accordance with the **American Medical Association's Guides to the Evaluation of Permanent Impairment, Fifth Edition**. Individual clinical findings are documented separately for clarity; however, when multiple findings affect the same body system or impairment category, they are consolidated and expressed as a single impairment value in accordance with AMA methodology, to avoid duplication or overstatement of impairment.

Unless otherwise clinically indicated, impairment ratings are derived using the **Diagnosis-Related Estimates (DRE) Model**, the AMA's preferred method when objective diagnostic criteria and corresponding clinical findings support its application. When an alternative AMA-approved rating method more accurately reflects the nature or functional impact of an impairment, that method is applied and explicitly identified.

This format is intended to provide a clear, reproducible, and medically appropriate impairment assessment that permits independent verification by other physicians and facilitates accurate interpretation by non-clinical reviewers. The impairment values reported represent the permanent functional impact of the documented conditions as defined by the AMA Guides and do not constitute a cumulative tally of diagnoses, symptoms, or treatment history.

BODY PART, FUNCTION OR SYSTEM	AMA EDITION	CHAPTER	TABLE	PAGE	DRE/CLASS	IMPAIRMENT
Impairment due to Tinnitus	5	11	11-3	250	2	4%
Slurred Speech	5	11	11-8	265	1	3%
Unspecified visual loss Vision Problems Visual disturbances Double vision Sensitivity to light Seeing stars Blurred vision	5	12	12-4	285	2	15%
Feeling frustrated, impatient, or intolerant Feeling "slowed down" Sleep Disorders Emotional Disorders Feeling depressed or tearful Preoccupied Fatigue, lethargy, or malaise Fatigue Poor judgement	5	13	13-8	325	1	7%

BODY PART, FUNCTION OR SYSTEM	AMA EDITION	CHAPTER	TABLE	PAGE	DRE/CLASS	IMPAIRMENT
Problems driving or riding in vehicles Attention and concentration deficits Anxiety Emotional Or Behavioral Disorders Concentration impairment Extreme Worry Feeling "in a fog" or "dazed" Sleeping more than usual						
Muscle weakness Radiculopathy Unspecified disturbances of skin sensation Unilateral Spinal Nerve Root Sensory Impairment	5	13	13-23 13-24	346-348	3	10%-25%

Medical Determination of Future Treatment

Future Treatment
Future treatment is definite, with a 76-100% medical certainty of occurring.

Prognosis Overall

The prognosis is no future care is indicated for static body parts when there has been a lack of movement or change in the condition and the condition of the injury has not improved. No further care for the static body part is prescribed as the degree of capacity is static, not likely to increase in spite of continuing medical measures.
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Future Treatment Plan

Future Treatment Recommendations
Chiropractic
Cold Packs
Diathermy
Elec. Stimulation (Unattended)
Exam
Future treatment is determined necessary when there is the presence of moderate injuries; limitation of motion; ligamentous injury; neurological findings and by type and frequency of pain.

Future Treatment Plan

Grade 4 CAD Injury /future care up to 107 times up to 2 years + monthly or prn
According to the Croft Guidelines, this injury would fall into Grade IV: Moderate/Severe; Limitations of motion; ligamentous instability; neurological findings present. Fracture or disc derangement.

Stability of Medical Condition

The patient's medical records reveal a documented showing of ongoing complaints and treatment with progressive improvement and the time period for stabilization ranges;
18 to 24 months

Prognosis of Probability for Future Recurrence

To clearly convey the likelihood of future recurrence or the need for future care, please indicate which body parts are categorized as either Static or Stable as follows:

STATIC: This indicates that a significant period has passed since treatment stopped, and there has been no movement or change in that body area. The need for future care is considered static, meaning it is unlikely to increase despite ongoing medical measures. There is less than a 50% chance that future care will be needed.

STABLE: This indicates that the condition has stabilized, showing no changes, variations, or fluctuations. However, continued care may be prescribed at stable Maximum Medical Improvement (MMI) if it is believed that further care will reduce future pain or prevent worsening. Stable means there is a greater than 51% chance of future recurrence or the need for future care.

Head	51-75%/ Probable
Nerve	51-75%/ Probable
Neck	26-50%/ Possible

MMI for each Body Part

Head	Static
Nerve	Static
Neck	Static

Diagnostic Related Estimate Category

Spine % Impairment	15%
Cervical Diagnostic Related Estimate	
DRE Category 3: 15-18% Impairment - Radiculopathy at the time of the evaluation, loss of reflex, loss of muscle strength, radiculopathy with herniated disc, surgery for radiculopathy, compression fracture between 25% and 50%.	

Whole Person Impairment (WPI)

The impairment rating expressed in this report reflects the examining physician's application of clinical judgment as permitted by the American Medical Association's Guides to the Evaluation of Permanent Impairment, Fifth Edition. Consistent with AMA principles, the final whole person impairment represents a medically appropriate synthesis of the applicable impairment findings, considering their combined functional impact and overlap. Given the close proximity to values derived through formal combination methods, the final rating is presented as a reasoned medical estimate rather than a strictly formulaic calculation, in order to avoid artificial precision or overstatement.

Total % Whole Body Impairment	36%
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Treatment

98940 Chiropractic Manipulation Treatment CMT 1-2
98941 Chiropractic Manipulation Treatment CMT 3-4
Medical Validation (99080)

Loss of Service

The number of days **John Doe** is reasonably expected to endure future estimates for care requirements or the likelihood of ongoing pain, suffering, and emotional and cognitive distress, are based on the AMA Guidelines' "Diagnostic Related Estimates" (DRE). The DRE is the principal methodology used to evaluate individuals who have sustained distinct injuries. For further details, please refer to the impairment rating table.

LOSS OF DAILY TRAVEL	LOSS OF DAYS CLAIMED	LOSS OF DAILY TRAVEL HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	533	0.25	133.25	\$11.69	\$1,557.69

WEEKLY VEHICLE MAINTENANCE	LOSS OF DAYS CLAIMED	LOSS OF TOTAL HOURS CLAIMED	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	533	0.75	399.75	\$11.69	\$4,673.08

LOSS OF PET CARE	LOSS OF DAYS CLAIMED	LOSS OF PET CARE HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	533	0.50	266.5	\$11.63	\$3,099.40
LOSS OF FOOD, COOKING AND CLEANUP	LOSS OF DAYS CLAIMED	LOSS OF FOOD, COOKING AND CLEANUP HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	533	0.75	399.75	\$9.63	\$3,849.59
LOSS OF OBTAINING SERVICES	LOSS OF DAYS CLAIMED	LOSS OF OBTAINING SERVICES HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	533	0.75	399.75	\$12.65	\$5,056.84
LOSS OF HOUSEHOLD SERVICES	LOSS OF DAYS CLAIMED	LOSS OF HOUSEHOLD SERVICES HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	533	0.75	399.75	\$10.00	\$3,997.50

Emotional and Cognitive Distress

EMOTIONAL AND COGNITIVE DISTRESS	LOSS OF DAYS CLAIMED	LOSS OF DAMAGES FOR EMOTIONAL DISTRESS HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	533	5.76	3070.08	\$2.00	\$6,140.16
DAMAGES FOR COGNITIVE DISORDERS	LOSS OF DAYS CLAIMED	LOSS OF DAMAGES FOR COGNITIVE DISORDERS HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	533	5.76	3070.08	\$2.00	\$6,140.16

Pain and Suffering

PAIN & SUFFERING PAST	LOSS OF DAYS CLAIMED	LOSS OF PAIN & SUFFERING PAST HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	533	16	8528	\$14.22	\$121,268.16
PAIN & SUFFERING FUTURE	LOSS OF DAYS CLAIMED	LOSS OF PAIN & SUFFERING FUTURE HOURS	LOSS OF TOTAL HOURS CLAIMED	HOURLY BLS WAGE	TOTAL LOSS
	365	16	5840	\$3.00	\$17,520.00

Karnofsky Performance Status Scale

No change since last visit
100 - Normal, no evidence of disease
90 - Able to perform normal activity with only minor symptoms
80 - Normal activities with effort, some symptoms
70 - Able to care for self but unable to do normal activities
60 - Requires occasional assistance (duties or household), cares for most needs
50 - Requires considerable assistance
40 - Disabled, requires special assistance
>>> 30 - Severely disabled
20 - Very sick, requires active supportive treatment
10 - Moribund

Property Damage

Vehicle Totaled Amount:	\$9,500.00
Loss of Vehicle/Car Rental Costs:	\$1,050.00
Vehicle's Diminution In Value:	\$1,200.00
Deductible Paid To 1st Party Insurer:	\$500.00
Other Additional Property Losses/Costs:	\$350.00
Total Property Damage for:Vehicle totaled or repaired/Rental/Diminution/Deductible/Other property losses:	\$12,600.00

Medical Expenses

Current Lab/Diagnostics Expenses:	\$2,400.00
Emergency Room Expenses:	\$4,800.00
EMS Expenses:	\$1,200.00
Hospital Expenses:	\$18,500.00
Ambulance Expenses:	\$1,850.00
General Practitioner Expenses:	\$3,200.00

Osteopath Expenses:	\$4,500.00
Chiropractor Expenses:	\$14,800.00
Pain Management Expenses:	\$7,900.00
Orthopedic Expenses:	\$9,750.00
Physical Therapy Expenses:	\$11,400.00
Neurologic Expenses:	\$6,200.00
Surgical Expenses:	\$22,500.00
Medication Expenses:	\$3,600.00
Injection Expenses:	\$6,800.00
Radiology Expenses:	\$9,600.00
Durable Medical Equipment Expenses:	\$2,950.00
Specialized Treatment Expenses:	\$5,400.00
Total Current Medical Expenses:	\$137,350.00

Mileage Costs

Physician's Office:	50
Diagnostic/Lab Facility:	204
Therapy Facility:	5
Other:	18
Total Number Of Miles Driven:	279
Total miles driven x \$0.58 per mile = Total Mileage Cost:	\$161.94

Future Medical Expenses

Based on the Grade of the CAD injury, reasonable probability estimates the patient will be required to be seen for a total of visits:	107
Reasonable probability estimates the patient will be required to be seen for primary treatment for a total of visits:	35
Reasonable probability estimates for charges per visit for the future primary treatment to be \$	\$95.00
Future Treatment Cost	\$3,325.00

Reasonable probability estimates for charges per visit for the future primary treatment to be \$	\$95.00
Future Treatment Cost	\$3,325.00
Reasonable probability estimates the patient will be required to be seen for therapies/modalities for a total of visits:	35
Reasonable probability estimates for charges per visit for future modality therapy to be:	\$45.00
Future Modality Therapy Cost	\$1,575.00
Future Surgical Cost	\$0.00
Future Medications	\$0.00
Future Surgeries	\$12.00
Future Injections	\$0.00
Reasonable probability with supportive data, letter, prescription, or invoice from other medical professionals that future medical expenses may include those for: Labs, Diagnostics, Radiographs, MRI's, DME, or CRMA.	
Itemized Explanation of Future Surgical Costs	N/A
Future Cost	\$8,237.00

Case costs and Expenses

Administrative Costs:	\$450.00
Filing Fees:	\$350.00
Mediation:	\$1,500.00
Medical Records:	\$650.00
Police Reports:	\$50.00
Phone:	\$120.00
Postage:	\$60.00
Copying:	\$150.00
Messenger:	\$220.00
Investigators:	\$900.00
Doctors Narrative Report:	\$900.00
Special Independent Medical Validation of Records:	\$1,200.00
Special Radiology Consulting (AOMSI) Fees:	\$1,100.00

Expert Witness Fees:	\$1,500.00
Depositions:	\$1,200.00
Transcripts:	\$900.00
Total Administrative Case Costs and Expenses:	\$11,250.00

Non-Economic Damage Elements

Loss of Daily Travel	\$1,557.69
Loss of Household Services	\$3,997.50
Loss of Pet Care	\$3,099.40
Loss of Food, Cooking and Cleanup	\$3,849.59
Loss of Obtaining Services	\$5,056.84
Total Emotional Distress	\$6,140.16
Total Cognitive changes (linked to MTBI's)	\$6,140.16
Total Medical expenses	\$137,350.00
Total Pain and Suffering Past	\$121,268.16
Total Pain and Suffering Future	\$17,520.00
Surgical Cost	\$3,325.00
Total Non Economic Damages	\$313,977.58

Total Damages

Total damages comprise all applicable monetary categories as: Non Economic Damages, Property Damages, Mileage Costs, Administrative Case Costs, Medical Expenses, Future Medical Expenses, Surgical Expenses and Future Surgical Expenses	\$342,989.51
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Per Diem Analysis

An analysis determines the claim for past and future pain & suffering has a valuation of \$138,788.16. The figures are based on per diem analysis as both conservative and reasonable value vs the market value or the replacement value.

Elements of Damage

Using standardized biological and psychosocial function measures, John's life has permanently and dramatically changed since the accident.

The injuries John suffered have impaired his ability in a range of basic and fundamental activities of daily living as well as performing specific duties while under duress. Functional loss of services interferes with activities, causing a loss of enjoyment of John's life before the accident. Assessments made also allow for predictors of future losses.

Assessments reveal that John has a projected value for damages as described in the categories listed below to which John has not been able to contribute to labor due to injuries sustained in the accident.

Estimates and calculations are made using categorized tables of values from large sample research and applying a reasonable deviation from a standard mean value. We strive to minimize the effects of bias and make as perfect or 'intelligible' determination as possible while remaining subject to reasonable budget constraints and considering the variables listed here:

1. Approximations are that John contributed an average of 2.00 hours of services listed per day before the accident, which is in concert with the U.S. Bureau of Labor Statistics National average household contributions of persons of similar gender and age. 6
2. The monetary value of John work performed at home was determined by the Time Use Survey and Dollar of the Day values for Loss Of Services in the categories listed below. As reported in May 2021 by the Bureau Of Labor Statistics and Occupational Employment Survey, such findings reveal the average hourly wages for the individual categories . 7,8,9 3.
3. The overall determination is that there was a total loss in the categories excluding the activities from 05/01/2021, lasting 444 claimable days.

1. Katz S, Ford A, Moskowitz R, Jackson B, Jaffe M. Studies of illness in the aged: the index of ADL, a standardized measure of biological and psychosocial function. JAMA. 1963;914 919. (PubMed) (Google Scholar)
2. Analysis of Variance (ANOVA) and The Abbreviated Injury Scale (AIS)³³ to code injuries and The Injury Severity Score (ISS) and New Injury Severity Score (NISS) are used as measures of injury severity.
3. Association for the Advancement of Automotive Medicine. The Abbreviated Injury Scale, 1990 Revision, Update 98. Barrington, Illinois: Association for the Advancement of Automotive Medicine; 1998.
4. Baker SP, O'Neill B, Haddon W, Jr, Long WB. The injury severity score: a method for describing patients with multiple injuries and evaluating emergency care. J Trauma. 1974;14(3):18796. doi: 10.1097/00005373-197403000-00001. (PubMed) (CrossRef) (Google Scholar)
5. Motor vehicle related orthopaedic trauma contributes significantly to the burden of disease and injury. World Health Organization; 2009. (Google Scholar)
6. U.S. Bureau of Labor Statistics - Charts by Topic; Household activities - Last online update = December 20, 2016, @<https://www.bls.gov/tus/charts/household.htm>
7. May 2021 Survey Methods and Reliability Statement @ www.bls.gov/oes/methods_21.pdf .
8. Occupational Employment And Wages - MAY 2021 <https://www.bls.gov/news.release/pdf/ocwage.pdf>
9. Occupational Employment and Wage Statistics - May 2021 <https://www.bls.gov/oes/tables.htm>

Demand for Settlement

Based upon the liability, impact, well documented objective medical findings inclusive of; Injury Severity Types, Diagnoses, Complaints by; intensity, frequency, type, radiation, and further effects on the individual, including the documented permanent impact and effect upon my client's Loss of Enjoyment of Life, Duties under Duress, Loss of Service, Pain and Suffering and given consideration to the treatment plan, prescriptive recommendations, stability of the medical condition, prognosis, future treatment, current and future medical costs, economic losses, MMI, percentage of whole person impairment, total elements of damages and total monetary factors, please indicate your willingness to offer to tender \$343,264.03 of your insured's policy limits by forwarding a release and settlement check made payable to our firm.