April 8, 2013

State Farm Insurance Company California Auto Claims P.O. Box 52289 Phoenix, AZ 85072-2289

BY PRIORITY MAIL AND BY FACSIMILE TO (800) 377-0989 [Attachments Omitted In Facsimile]

URGENT – IMMEDIATE ATTENTION REQUIRED!

Attn: *****

Re:	Our Clients	:	*****
	Your Insured	:	*****
	Claim Number	:	******
	Date of Loss	:	April 21, 2011

Dear ******:

We have now had the opportunity to fully review this claim and offer the following for your information:

LIABILITY

Prior to our office's involvement State Farm accepted liability on behalf of your insured,********.

The specific circumstances of the accident are:

Our clients were traveling in a southbound direction, but stopped at a traffic signal, on Highway 1 at Foothill Blvd in San Luis Obispo, California. Your insured struck them from behind in violation of the basic speed law and/or due to inattention while driving.

There does not appear to be any question regarding your insured's liability for the injuries sustained by our clients as a direct result of this accident.

Following the accident, the parties were experiencing noticeable pain and proceeded to the emergency room at French Hospital in San Luis Obispo.

State Farm Ins. Co. *******

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INJURIES

V**** M*****

Immediately following the accident Mr. ****** experienced pain in his neck and back at a level of at least a 6 on a scale of 1 to 10. He immediately went to the Emergency Department at French Hospital in San Luis Obispo where his Cervical, Thoracic and lumbar spine were each x-rayed several times. The diagnostic imaging report regarding the lumbar spine revealed "marked narrowing of the last lumbar disk space". The report regarding his thoracic spine indicated irregularity and concavity and a Schmorl node formation and loss of height in his vertebrae. No fractures of the vertebrae were noted. Mr. ****** was prescribed medication for pain and was advised he should follow up with his primary care physician or to return to the emergency room if necessary.

When the pain did not subside for several weeks following the accident Mr. ****** went to Community Health Centers of the Central Coast in Morro Bay, California. That visit occurred on May 11, 2011. Mr. ****** spoke with the physician regarding the pain. He was prescribed medication for the pain and he was referred to San Luis Sports Therapy & Orthopedic Rehabilitation in Morro Bay for physical therapy.

On May 26, 2011 Mr. ****** was experiencing severe pain in his back and returned to French Hospital's Emergency Department. He was prescribed medication and advised to continue follow up treatment with his primary physician.

On June 27, 2011 Mr. ****** presented for his Initial Evaluation with San Luis Sports Therapy. Mr. ****** reported during that Evaluation that despite any pre-existing conditions, prior to the accident on April 21, 2011 he was able to perform "the majority of his household and light outdoor related chores with only minimal complaints of lumbar discomfort." Following the accident, Mr. ****** was experiencing lumbar and thoracic pain at a level of 6-10 on a 1-10 scale and was unable to perform even the most menial tasks without severe pain in his lumbar and thoracic spine. This is consistent with the results of the x-rays taken on the day of the accident at French Hospital. In addition to the back pain, the accident caused severe exacerbation of previous chronic pain in his right shoulder and elbow.

As of August 26, 2011, Dr. Idelshon of San Luis Sports Therapy recognized only a 50% improvement in Mr. ******'s condition [see report dated 8/26/11] and ordered MRI's of Mr. ******'s spine in order to be certain there were no serious conditions presenting as a result of the injuries sustained in April, 2011. Those MRI's were scheduled for October, 2011 and, thankfully, showed no serious damage to the spinal column.

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Mr. ****** was ultimately able to return to most of his day to day functions but suffered for months in pain and fear of long term permanent damage to his spinal column. He was forced to attend numerous doctor appointments, radiology scans, physical therapy and left with no choice but to take prescription medications for the pain.

Provider	Date	Amount	
French Hospital	4/21/11	\$ 1,996.09	
French Hospital	5/26/11	\$ 623.00	
ER Physicians	4/21/11	\$ 337.00	
ER Physicians	5/26/11	\$ 213.00	
Com. Health Ctrs.	5/11/11 & 6/13/11	\$ 251.00	
Central Coast Radiology	4/21/11	\$ 129.00	
San Luis Sports Therapy	Various	\$ 3,730.00	
Pueblo Radiology	10/6/11	<u>\$ 6,367.00</u>	
TOTAL		\$13,646.09	
SETTLEMENT DEMAN	D		

Mr. ******'s medical bills are as follows:

SETTLEMENT DEMAND ON BEHALF OF ****** ******

\$28,000.00

B***** M*****

Mrs. ****** also presented at the French Hospital Emergency Room on the date of the accident for neck pain she was experiencing immediately following the accident. She was told to take over the counter medication for the pain and to follow up with her primary care physician.

After experiencing no improvement in her level of pain, and with the onset of headaches, Mrs. ****** sought further evaluation with Community Health Centers. X-rays were ordered of her cervical spine to verify that there were no severe injuries to her spinal cord. Narrowing of the disk at C5-6 was noted.

Pursuant to advice during a follow up to the x-rays with the CHC doctor, Mrs. ****** sought physical therapy through Los Osos Physical Therapy where she treated for over a month. At her intake, Dr. Idelshon noted pain at a level of 6 on a 1-10 scale notably during right rotation of the cervical spine. Tenderness of the cervical spine on palpitation was also noted. In his assessment Dr. Idelshon's report reflected that Mrs. State Farm Ins. Co.

****** V. ******

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****** was experiencing difficulty with work, personal cares, sleeping, recreation/sports, reaching, headaches and driving. She showed decreased range of motion (ROM), joint hypermobility, muscle weakness and pain as described above.

However, Dr. Idelshon also noted that the potential for rehabilitation and complete recovery were good. Mrs. ****** was given a course of physical therapy exercises both in the office and for her to use at home. Over the course of the treatment program, her condition improved to the point where Dr. Idelshon noted on August 4, 2011, she was able to lift and carry heavy objects without increased symptoms, was able to perform her work tasks, able to drive, was sleeping better and was able to read without developing headaches. In short, the program of physical therapy worked well and ****** was able, for the most part to return to her normal life.

However, she did suffer the pain, discomfort, limitations and uncertainty associated with her injuries for a period of several months.

Mrs. ******'s medical bills are as follows:

Provider	Date	Ar	Amount	
French Uconital	4/21/11	\$	625.00	
French Hospital ER Physicians	4/21/11	Դ Տ	213.00	
Com. Health Ctrs.	5/11/11 & 6/29/11	\$	148.96	
Central Coast Radiology	4/21/11	\$	234.00	
Los Osos Physical Therapy	Various	\$	782.16	
TOTAL		\$ 2,003.12		
SETTLEMENT DEMAND ON BEHALF OF ****** ******			,000.00	

******, the parties' minor daughter who was three (3) years old at the time of the accident, was frightened and unable to adequately verbalize her physical condition. When Mr. & Mrs. ****** went to French Hospital, they understandably asked the staff to check their daughter for any possible injuries. The ER staff saw no evidence of significant injuries to ****** after conducting a thorough check. No radiology or other tests were ordered and ****** was not prescribed any medication.

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She did, however, incur the cost of the ER visit in the total sum of \$ 592.00 [\$379.00 for French Hospital and \$213.00 for ER Physicians]

TOTAL MEDICAL SPECIALS FOR ****** ****** \$ 592.00

SETTLEMENT DEMAND ON BEHALF OF ****** ******

\$ 1,200.00

ON BEHALF OF ******* ******* AND *******

We are authorized to settle these claims in full for the total sum of \$33,200.00.

As you know, the statute of limitations is approaching and unless we can reach a settlement forthwith, we will have no option but to file suit to protect our client's rights. Please contact the undersigned immediately to discuss settlement of this matter in full before further action is required. I can be reached at (805) 215-0564 directly at any time.

Very truly yours,

THE LAW OFFICES OF

/S/

SCOT L. BENNETT PARALEGAL FOR

Slb Cc: Client Encl. Medical Records and Billings