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April 7, 2010

Ms. Amanda Fazzi Special Risk Services Post Office Box 3120 Naperville, Illinois 60566-7177

Re:

My client:

Jamie Brown

Your Insured:

Rvan's

Date of Injury:

11/15/2009

Claim No.:

YKZ60250L

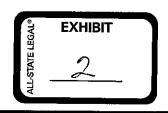
Dear Ms. Fazzi:

Please be advised that Ms. Jamie Brown has retained my services regarding injuries sustained on or about November 15, 2009, while on the premises of a business owned and operated by your insured above-referenced. This letter and enclosed material are submitted to you in an attempt to present the facts of our claim with a view toward amicable settlement of this matter. This material is being sent in order to provide you with adequate information for you to reach a decision as to our settlement demand.

This letter and all of the enclosed material are submitted for the sole purpose of negotiation and do not reflect in any way an admission against interest. Therefore, this information is provided only on the condition that this letter and all of the material enclosed with it will not be used by you or your associates or representatives if this matter is tried in court.

In addition to other documents, I am providing all of the medical bills accumulated by my client through this date, which resulted from the incident. Ms. Brown's medical bills total \$1,436.00 as of today, and are a direct result of the incident.

Regarding the damages in this case, we have taken into consideration the nature of the injuries, medical treatment, pain and suffering and loss of enjoyment of life inflicted upon Ms. Brown. Our position is that if this matter is tried before a jury, a probable jury verdict in this case would be approximately \$89,346.00. For settlement purposes, however, we would reduce this sum to \$71,475.00 as being a proper settlement figure. I have been authorized to settle this case for that amount for Ms. Brown.



Please review the medical records and charges and all of the other information and documents enclosed. I will look forward to your immediate response and expect a reply no later than ten (10) days after receipt of this letter. Please call if you have any questions or need additional information. Thank you.

Sincerely,

RUTLEDGE, DAVIS AND HARRIS, P.L.L.C.

Joe M. Davis

JMD/bgl

cc: Ms. Jamie Brown

Jamie Brown

DAMAGE EVALUATION

I. SPECIALS

PAST MEDICAL AND RELATED EXPENSES

Ortho One orthopaedics & Sports Medicine	\$ 1,436.00
Total Past Medicals	\$ 1,436.00
II. PAIN AND SUFFERING	
A.	
PAST PAIN AND SUFFERING	
2009 (11/15/09 - 12/31/09) = 46 days (16 hrs. a day X \$5.00 an hour)	\$ 3,680.00
2010 (01/01/10 - 04/07/10) = 96 days (16 hrs. a day X \$5.00 an hour)	\$ 7,680.00
Total Past Pain and Suffering	\$ 11,360.00
В.	
<u>FUTURE PAIN AND SUFFERING</u>	
10 years X 365 days X \$10.00 a day (recurring pain)	\$ 36,500.00
Total Future Pain and Suffering	\$ 36,500.00

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HI. LOSS OF ENJOYMENT OF LIFE

A. PAST LOSS OF ENJOYMENT OF LIFE

2009 (11/15/09 - 12/31/09) = 46 days X \$25.00 a day	\$ 1,150.00
2010 (01/01/10 - 04/07/10) = 96 days X \$25.00 a day	\$ 2,400.00
Total Past Loss of Enjoyment of Life	\$ 3,550.00
B. <u>FUTURE LOSS OF ENJOYMENT OF LIFE</u>	
10 years X 365 days X \$10.00 a day	\$ 36,500.00
Total Future Loss of Enjoyment of Life	\$ 36,500.00
TOTAL PAST AND FUTURE DAMAGES	\$ 89,346.00