

[YOUR NAME]
[YOUR ADDRESS]
Telephone: [YOUR PHONE NUMBER]
[YOUR E-MAIL ADDRESS]
Fax: [YOUR FAX NUMBER]

STATE OF ARIZONA
MARICOPA COUNTY SUPERIOR COURT

_____, a [single/married
man/woman],

Plaintiff,

v.

[Name of Defendant] and Jane Doe [last
name of defendant], husband and wife;
JOHN DOES 1-5; JANE DOES 1-5;
BLACK CORPORATIONS 1-5; and
WHITE PARTNERSHIPS 1-5,

Defendants.

Case No. CV _____

PLAINTIFF'S MEDIATION
MEMORANDUM

(Assigned to the Honorable
[name of the judge])

Plaintiff, by and through undersigned counsel, hereby submits Plaintiff's Mediation Memorandum in preparation for the Mediation scheduled for _____.

I. LIABILITY

On January 10, 2008, at approximately 8:13 a.m., Plaintiff was driving her vehicle eastbound on I-10 in Tolleson, Arizona. Meanwhile, Defendant was also operating a vehicle eastbound on I-10. At about mile post 133.2, Plaintiff was stopped in congested traffic when Defendant rear-ended Plaintiff's vehicle.

Defendant was under a common law duty or obligation to exercise reasonable care for the safety of others while driving her automobile. Defendant violated that duty by her inattention to the

1 surrounding traffic and by failing to control her speed under the conditions. Defendant's conduct
2 was, therefore, negligent under common law and a violation of Arizona statute, constituting
3 negligence *per se*.

4 **II. INJURIES**

5
6 Plaintiff is a 35-year-old single woman. As a result of the impact from the collision,
7 Plaintiff sustained injuries to her neck and back. According to the medical records, Plaintiff was
8 diagnosed with neck pain, thoracic and lumbar pain, compression fracture in the thoracic spine,
9 numbness and tingling, headaches, and blurred vision. During Plaintiff's exam with Dr. [Name] a
10 few weeks following the accident, she exhibited a 50% to 60% loss of the range of motion in her
11 cervical spine, with limitations in the range of motion to her lumbar spine as well. A follow-up
12 MRI revealed "multiple transverse process fractures at L2, L3, and L4" in her lumbar spine and a
13 "C5-6 herniation/disc bulge largely paracentral to the left" in her cervical spine.
14

15 Plaintiff has undergone, and will continue to receive, medical treatment and procedures
16 necessitated by these injuries.
17

18 There is little disagreement that Plaintiff sustained a back and neck injury from this
19 accident. The extent and duration of the injuries is in dispute between the parties. Plaintiff
20 continues to experience ongoing, restrictive pain in her neck and low back, in spite of the treatment
21 she has received. Dr. [Name] will give expert testimony consistent with his records and report that,
22 as a result of Plaintiff's injury and trauma to her neck, it is likely that she will require injections in
23 the future, and possibly an anterior cervical discectomy and fusion. It is also possible that she could
24 develop some disc degenerative changes in the lumbar spine after the trauma to this area and should
25 be followed intermittently.
26
27
28

1 The injuries have caused significant alterations in Plaintiff' regular activities, and she has
2 not returned to the level she was prior to the accident. She can no longer enjoy running,
3 weightlifting and yoga, or perform simple tasks that require heavy cleaning or lifting of items in the
4 home. Because her injuries are ongoing, she will have to continue to make adjustments in her
5 lifestyle.
6

7 **III. MEDICAL PROVIDERS SUMMARY**

8 The following is a chart outlining the providers and dates of Plaintiff's medical care:
9

10 PROVIDER	11 DATE(S) OF SERVICE
12 Medical Group [List yours in this section]	1/13/08-1/14/08
13 Cardiac Specialists	1/22/08-2/3/09
14 Spine Specialists	2/1/08-11/19/09
15 Physical Therapy	2/18/08-6/11/08
16 Pharmacy	1/13/08
17 Medical Imaging	10/23/09

18
19 **IV. MEDICAL BILLS**

20 The following is a chart outlining Plaintiffs' medical bills to date:
21

22 PROVIDER	23 AMOUNT
24 Medical Group	\$ 327.48
25 Cardiac Specialists	\$ 185.00
26 Spine Specialists	\$ 532.00
27 Physical Therapy	\$ 981.00

28

PROVIDER	AMOUNT
Pharmacy	\$ 30.00
Medical Imaging	\$ 2,184.00
TOTAL	\$ 4,239.48

V. MONETARY LOSSES

1. Medical Bills. Plaintiff has incurred various medical and medically related expenses to date totaling approximately \$4,239.48.

2. Property Damage. Plaintiff's vehicle sustained extensive damage and was totaled as a result of the accident. This claim has been resolved.

3. Lost Earnings. Plaintiff has suffered a loss of earnings as a result of her injuries sustained in the collision. At the time of the accident, Plaintiff was employed as a corporate recruiter for [Company]. After the accident, Plaintiff needed time off for physical therapy, and the medication and constant pain made it difficult for her to concentrate. Within a couple of months following the accident, Plaintiff went from a top performer to losing her job, medical benefits, and earnings of approximately \$[Dollars] per year. It was nearly 10 months before she found work with a comparable salary and benefits.

VI. CONCLUSION

It has been over three years since the date of the accident. Although Plaintiff has recovered from most of her injuries, she continues to suffer from significant neck pain due to the bulging disc in her neck that also causes insomnia. Her general household and exercise activities are also very limited due to continued neck and back pain. It is disconcerting to Plaintiff that surgery may be her only recourse to try and lessen her pain and symptoms, and even then it is unknown to what extent it will improve her condition.

1 Taking into account the nature of her injuries, the medical bills, lost income, and the
2 possibility that she will have to have surgery in the near future, Plaintiff believes that proper
3 compensation for her injuries is \$[Dollars], and is willing to accept that amount to settle her
4 matter.

5
6 DATED this ____ day of _____, 2015.

7 [YOUR NAME]

8
9 By _____

10 [Your name]

11 [Your address]

Pro per

12 **ORIGINAL/COPY** of the foregoing
13 faxed/delivered this ____ day of _____,
14 2015, to:

15 *[Mediator name]*

[Mediator address]

16 *[Defense attorney name]*

17 *[Defense attorney address]*

18 *Attorneys for Defendants*

19 _____
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