

VICTIM'S

**SURVIVAL
GUIDE**

to

CAR ACCIDENTS

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FOR THE INJURED

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WHY I WROTE THIS BOOK

I represent people who are injured in car wrecks by someone else's negligence or through no fault of their own. These are typically hard-working individuals who were minding their own business when the unexpected happened; such as a distracted driver on a cell phone hitting their vehicles. The innocent party needs medical care and relief from pain and stress. This book is designed to help those people learn how to protect themselves and avoid damaging their bodily injury cases.

Why did I call it a survival guide; why is it in camouflage? Most of the time, this is a difficult, painful process that includes a nasty fight with the insurance companies. If you don't think it is a fight, just look up "insurance company tactics" on the Internet. Adjusters go to numerous classes to learn how to "negotiate claims" or pay as little as possible. For many, the slogan is "Deny, Delay, and Defend". It is a numbers game for them. Some they lose, but the vast majority they save money and win. Otherwise, if there wasn't any money in it, why would Warren Buffett own GEICO?

This is a battle. Every now and then, the claims process will go smoothly--usually when there is no injury. The reason for this is that insurance companies usually go easy with a property damage claim if they don't think you will file for your medical. Why make you mad and have you talk to a lawyer? If you want to see their attitude change, just tell them you are hurt. Now see how friendly they are.

I get numerous calls from people who have tried to avoid hiring a lawyer, or they just don't know where to turn. This book and my website are designed to help you until you can hire a competent attorney who practices personal injury work. You want a lawyer who knows car accident cases. I and the lawyers who work for me fight the personal injury battle every day. We plan our cases and figure out the best way to maximize the value of a client's case. We hold strategy sessions on what evidence we need to present to a jury or mediation, even discussing the language in our demands. Courtroom battles are planned out to the witnesses called, the order of the questions, and even how long to engage the witness. We look at it as a battle over money, and we are dedicated to helping our clients recover.

After years of practice, answering the same questions over and over again, I decided to write this book that explains the “ins and outs” of a bodily injury case. Some states have very specific laws, and every case is different, so keep in mind that any book, including this book, does not provide legal advice. Please see my disclaimer below. If you need help finding a lawyer in your state, just go to my website: www.shanesmithlaw.com or call me. I would be glad to help you find the right lawyer for your case.

P.S. Maybe your case will be easy. Maybe it won't be like a battle, and maybe the insurance company will treat you fair. I do hope you will be one of the lucky few, but if you aren't, I hope the book helps... and we are here, if you need us.

DISCLAIMER

I'm required to tell you that this book is not legal advice. I am not your lawyer, and I cannot become your lawyer unless we sign a contract in which you retain my services. While the information in this book can detail your rights and offer suggestions, it does not provide specific advice about your case. If you need legal advice, please contact an attorney to discuss your specific case. If you want me and my team to be your lawyer, please call my office now. Our number is 1-888-927-6955.

INTRODUCTION

This is not a book about how to get your car fixed. This book doesn't cover what to do about your vehicle or your rights regarding getting your car fixed. That can be difficult or easy, depending on the company and your car. If you need help with that, I would encourage you to visit my website at www.shanesmithlaw.com or call us at (770) HURT-999 or (888) 927-6955. You can also order my other book: "What You Need to Know about Property Damage." This can explain your rights, the procedure to get what you are entitled to, and how to achieve a fair result. Either of these sources will provide you with facts and frequently-asked questions regarding property damage.

This book is not a substitute for legal counsel. I can't stress this enough: Every case is different; your injuries may be more or less severe than someone else's, and your case might require specific guidance. The facts and circumstances surrounding your accident are different from anyone else's. Just like every battle or fight is different; so is your individual case, and your losses are unique to you. For advice about your case, I will always encourage you to contact me and my staff. Or at minimum, contact an attorney who handles bodily injury

claims--someone who knows about your case can best help you fight the insurance companies.

This guide is just that; a guide to a general personal injury claim. It covers the most common ways I have found that insurance companies have injured innocent parties during the settlement fight. It also covers how people have damaged their own personal injury cases prior to seeking representation or hiring us. This guide will help you avoid these common mistakes.

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THE TOP 10 WAYS YOU CAN DAMAGE YOUR PERSONAL INJURY CLAIM

1. Not Doing Anything at the Scene

At the scene of a collision, people are usually quite shaken-up. They may be injured. They may not think they're injured. They've got adrenaline going through their systems. Normally, everybody's just thankful that they're alive and they're in shock that this accident happened. Sometimes, they're worried about their vehicles and they're wondering what to do. It's also not uncommon at the scene for the person who caused the wreck to be somewhat apologetic. He or she might ask you how you're doing. He or she might apologize for causing the crash. And you're thinking, "Okay, this is not going to be a problem. Everybody's accepting responsibility and acting like a grown-up. I don't need to make a big deal about the case." This happens a lot. People have accidents; the person who caused it seems like a good person. He admits that it was his fault or she says she will call her insurance agent. Sometimes, you then say you don't need to call the police. You decide not to make an accident report. Unfortunately, if that person changes the story, you have a big problem. Now you don't have an accident report telling anyone what happened. You also don't

have the person's address. You also don't know who that person's insurance carrier is or even if he or she has insurance. You have basically allowed your compassion to place you in a situation where you could be on the hook for thousands of dollars worth of medical care.

Sometimes, you might be tempted not to call the police or not to file an accident report. Perhaps the other party has asked you not to. He asks if your insurance company can just settle it or if he can just settle it himself. Maybe the other party tells you that they will be happy to give you their insurance company's information, so that you can just contact them directly. I would urge you not to do this. I recommend to my clients that they always get a police report. There are many reasons why; the first being that you need to have an independent person describe the accident scene and talk to all parties, including an insurance company or a jury, if your case goes that far. You should expect a police officer to come out to the scene of any major collision, so merely the fact that you chose not to do a police report will convince many people that the case is not serious. No matter what the property damage is on the vehicle, if there's no police report, they're going to consider it a minor incident. So for that reason alone, it's good to have a police report.

Also, the police officer will do an on-the-scene liability investigation where he talks to all parties, figures out what happened, draws a diagram and determines who is at fault. If you were not at fault and a police officer issues a citation to the other party, that makes it much easier to establish liability in a civil case or against that person's insurance company. If someone receives a ticket, their insurance company will almost always accept responsibility for it. Not every time, but more often than not. If we don't have a police report and the insurance company denies liability, it is a much more difficult fight.

Before police officers arrive at the scene, there are often witnesses who say, "Hey, if you need anything, call me. If you need a witness, call me; here's my name and telephone number." I recommend you always get that information. Many times, those witnesses will leave if the police don't arrive promptly, or the police officer will talk to everybody without writing down their names and phone numbers. If they are not listed on the police report and you didn't get their information at the scene, they're gone, and you might as well not have a witness. This is a critical part of any case where the other party could claim something different. A four-way stop sign collision, a col-

lision at a traffic light, a collision where the other party backed into you...all of these are fact-specific situations where a witness is critical and key. If you have one and don't take his or her information down and depend on the police officer to do so, you are letting someone else determine whether or not you're going to be able to win your case. I would always encourage you to get a witness's name and telephone number. We always try to contact any witnesses listed on the police report or who gave you their names.

With the advent of cell phones, almost everybody has a camera at the scene of a collision. You should always take a picture of your vehicle, and there are several reasons why: One, you can take a picture of the scene before any vehicles are moved, which will establish where things happened. This is critical in a sideswipe collision where one person may have moved over and hit your vehicle. If you take a picture before moving the vehicles, it shows your vehicle is in your lane and the other car is over in yours. This is critical evidence that can save you thousands of dollars. You can also take pictures of the other person's car. This is important in case someone claims that a phantom vehicle hit his or her car and

knocked it into yours. You can take pictures of the back of his or her car, showing that there is no damage there. This can pretty much end that argument. Take pictures of the damage to your car. That way, nobody can later claim that you had another accident and there was extra damage added onto your vehicle because of that second collision. This may seem far-fetched, but I have seen all kinds of things come up when we are fighting with insurance adjusters.

At the scene of the collision, the police officer is going to ask you if you're hurt. At that moment, you'll probably have adrenaline flowing through your body, and all you can think is, "My, gosh, I've been hit!" But you don't really feel like you're hurt. There's nothing wrong with telling the officer you're not sure, but you don't need an ambulance. That's much better than saying, «No, I'm not hurt.» If you tell a police officer that you're not hurt, and they put it in the incident report, then we have to spend time having a doctor explain why you didn't notice your injuries. This is a fixable mistake, but it takes a doctor to explain it.

In summary, at the scene of the collision, take down the name and phone number of anybody who saw the accident. Always call the police and get a police report. Take pictures with your camera phone, if you can, and don't say you're not hurt if, in fact, you might be. Don't let critical evidence be destroyed because you were being nice to the person who caused the car wreck. Maybe they will do the right thing; maybe their insurance company will do the right thing, but if they don't, you'll need to have done the right thing.

Almost all states require that you move your vehicle after a minor accident. Sometimes the officer will tell you to move it quickly so traffic can get back to normal. This isn't that big of a deal when it is a rear-end collision. However, if you were sideswiped, the officer needs to see where your car was located, to determine who was over the line. I recommend you always take a picture before moving the car. Even a bad cell phone picture is better than no picture.

2. Not Getting Your Vehicle Fixed

Insurance companies are trained when they come out to look at your car to make an on-the-site offer or to tell you they'll be mailing you a check based on the amount of the damage to your car. Insurance companies do this for several reasons, the primary which is to encourage you not to get your vehicle fixed. An insurance company adjuster is trained to make an assessment of the property damage based on the visible damage to the vehicle. What does this mean? That's the damage that they can see with the naked eye without taking any parts off, without climbing up underneath your vehicle, or putting it on a frame machine. This number is sometimes significantly lower than the actual damage to your car. If you have any frame damage to your vehicle, it's unlikely the adjuster is going to see it. He's not going to climb up underneath the vehicle, and frame damage can only be seen when the car is put on a lift and somebody looks underneath it. Also, sometimes frame damage can only be seen with a laser frame machine. The bumpers on most vehicles have steel-reinforced bars underneath them. Unless your bumper has been torn completely off, that steel reinforced bar cannot be seen. However, if it's been damaged and bent, it has to be replaced. This would not be seen in an on-the-spot insurance adjuster's offer.

The insurance company hopes that you'll take the check, cash it, and that will be the end of your property damage claim. This results in savings to them, because all of the hidden damage was not repaired and they didn't have to pay you for it. Six months from the date of the accident; if something breaks on your car or you notice there is extra damage, they're not going to cover that. This is why I would always recommend that you at least go have your vehicle checked out by a reputable body shop. I encourage all my clients to get their vehicles fixed. This typically results in everyone being confident that the vehicle is safe and that all broken parts have been repaired. For more on property damage, go to my website or check out my book, "What You Need to Know about Property Damage."

Another reason insurance companies hope you don't get your vehicle fully repaired and that you take their cash-on-the-spot offer is because property damage to many insurance companies is a figure that limits the amount of your bodily injury claim. Scientifically and medically, property damage has nothing at all to do with your injuries. The amount of damage to your vehicle does not determine how badly you were hurt. It also does not determine the existence or non-existence of any inju-

ries. However, the insurance companies have found that many juries will look at a damaged vehicle, and if it's not damaged too badly, assume that the victim could not be hurt significantly. Insurance companies have gradually raised the dollar figure that they use to classify a case as a minor impact collision. Many years ago it was \$500. It has gradually gone up to \$1,000 or \$1,200, and I've seen some insurance companies classify anything with property damage under \$1,500 as a minor impact collision. They will limit the amount they are willing to offer you on your bodily injury case based on that property damage value. Many times, an insurance adjuster at the scene will make a cash settlement offer to you with a dollar figure that is below their internal company threshold.

By accepting this offer, you have effectively defined your accident as a minor impact collision and limited the amount they will be willing to offer you on your bodily injury claim. This means that you will either take their offer or you will have to file a lawsuit against them. Many people just take the offer, because they don't want to deal with fighting the insurance company. Also, many lawyers are unwilling to file lawsuits in cases where the property damage to the vehicle is below a certain dollar threshold, so you have automatically knocked out many

lawyers who might otherwise take your case. Each insurance company has a different dollar amount that they use to classify cases as minor impact. For some companies, it's \$1,000, and for some it's \$1,500. Regardless, you're injuring yourself and hurting your case by not getting your vehicle fixed; essentially putting a limitation on what they are willing to pay you. Looking at property damage this way can show you how the insurance company stacks the deck against you while seeming to be nice and helpful.

3. Delaying Medical Care

Seeking medical care soon after the accident is a critical component of your bodily injury case. A delay in medical care does not make the insurance company or a jury think that you are trying to be responsible and take care of things on your own. It doesn't make people think that you are doing the best you can and had no choice. Jurors and insurance companies are not sympathetic to the fact that you might have no insurance and might not know where to turn. A delay in medical care impacts your case and reduces its value. Every day of delayed medical care means that your case is worth less and less money. Any delay in medical care is a bad idea. If you are not hurt, then you don't need to go to the doctor. However, if you are hurt, then you should get immediate medical

attention. Go to the emergency room or use your family doctor. Get checked out to make nothing more serious is wrong. If you need physical therapy or need to see a chiropractor, then go see one.

If you are injured, I encourage you to go to the emergency room, but I don't recommend that everyone go by ambulance. If you're not hurt, or if your injuries are not life-threatening, then you don't need an ambulance. If you are hurt, however, go to the emergency room, get seen by the doctor, and make sure nothing is seriously wrong. Right or wrong, an insurance company will consider your bodily injury case a more serious and important case if you go to the emergency room right after the accident or the day of the accident. Do you have to go right after the accident? No. You can wait several hours, get your vehicle home and then go. Have someone take you. If you don't go that night, is it okay to go the next day? The answer to that is yes. If you wake up the morning after the accident and you're terribly sore and in a lot of pain, go to the emergency room. You can also go see your family care doctor or a medical doctor. But regardless of which one you're going to choose, get some medical care quickly--on the day of the accident or the next day.

Some clients have asked me whether they can just go see their chiropractors. If you have a chiropractor you're familiar with or you're injured and you believe that a chiropractor will best be able to treat you, then go see him or her, but make sure you're seen within one or two days after the accident. As long as you seek medical care for your injuries and you have your injuries documented within several days of the accident, you'll be okay. We recommend going to the emergency room, your family care doctor, your chiropractor or some other medical doctor who can diagnose your injuries, document them and begin your medical care.

If you are sore at all on the day of the accident, I encourage you to go immediately to a medical doctor who can prescribe muscle relaxers or pain medicine. Back and neck injuries get worse over several days; the first 48 to 72 hours. Therefore, my experience has shown that if you are hurting the day of the accident and you do not seek medical care, you will be in extreme pain within two or three days.

Some people in today's economy do not have health insurance. They're worried about going to the doctor. They don't think a doctor will see them or they don't

know a doctor that will see them without health insurance. This is not a good reason not to seek medical care. Under certain circumstances, it might be brought up that you didn't have health insurance and you can argue that this was the reason for your delay in seeking medical care. However, most jury members are going to think that if you were really hurt, you would go to the doctor and worry about paying the bills later. When you delay medical care because you don't have health insurance, jury members are likely to think that you were not really hurt and did not really need to go.

I've had some clients tell me that they were trying to get the insurance company to give them the name of a doctor to go to or authorization to go to the doctor. The insurance companies don't want to do this. They are not going to pre-pay for you to visit a doctor. They're going to tell you, if you're hurt, go get medical care. Think about this: The insurance adjuster's job is to minimize the value of your case. Their training teaches them how to pay you as little for your case as possible. If a delay in medical care reduces the value of your case to a jury and they can delay you seeking medical care, they will do so. If you call them and leave a message that says, "Hey, I need to go to the doctor. Tell me where I can go," why

would they call you back immediately? If they can wait 24 to 48 hours to do so, they've effectively reduced the value of your case during all the time you're waiting for them to call and tell you where to go. An insurance adjuster will almost always seek to delay your medical care through authorizations or not returning phone calls or just not providing you with a doctor. It is not in their best interest to make it easy for you to go to the doctor. They will not pre-authorize any treatment. They will not pre-pay anything. They will not pay any bills until after your case is settled. Therefore, it's important for you to be in charge of your own medical care, to find your own doctor, to make a decision about whether you're hurt or not, and if you are, to go to the doctor. If you don't think you know a doctor or don't know of a doctor that can see you, I recommend calling a personal injury lawyer who might know a doctor in your area, or checking with friends or family, or asking a chiropractor you might know.

4. Not Using Health Insurance

If you have private health insurance or government health insurance (Medicaid/Medicare) and you need medical care, you should always give your insurance information to the hospital or the doctor. There are many reasons to do this. The first and foremost is that the doctors' offices are familiar with health insurance; they know how it works, and they feel confident that they will be paid that way. Using health insurance allows a doctor or hospital to process your case just like anybody else's and get the bill paid. They feel better about providing you with medical care when there is health insurance.

Also, a doctor is more likely to order a test he thinks you need if he feels there is health insurance in the case. Doctors become very careful about ordering medical tests when there's no health insurance. If you have health insurance, they know that the bill is going to be paid and they're likely to refer you out for an MRI, X-rays, CT scans, or even blood work if they think you need it. That's one reason to give your health insurance information to them.

Some people don't want to provide their health insurance information, because they feel like the other

person's insurance ought to pay for the accident, instead of their own. However, when you settle your bodily injury case, it is none of the defendant's business whether or not you have private health insurance. If you have a lawyer who practices personal injury, he will, or he should present the full amount of your medical bills to the other party's insurance company. It's not relevant whether those bills were paid by health insurance, whether you paid them in cash, or whether they're still outstanding. The face amount of those bills will be presented to the other person's injury company, and they should make a settlement offer based upon those bills. Once you receive that settlement check, then you will pay those medical bills. If the bill has been paid by a private health insurance company and nothing is owed to them, that extra money would go to you.

If your health insurance is entitled to be paid back, then you would just pay them out of the settlement offer. However, health insurance companies normally do not pay the face amount of the bill. In almost every case, they have negotiated discounted rates for their patients. The hospitals and doctors give it to them because of the volume of patients those health insurance companies can send them. Therefore, if you had a bill for \$1,000 for a

doctor and you have private health insurance, your private health insurance might pay them \$500. When you pay your health insurance company back, you would only have to pay them \$500, not \$1,000. That would be an extra \$500 in your pocket.

Do you have to pay your health insurance company back? This is a question I am frequently asked, and it depends on several factors: If your health insurance company is an ERISA company, then the answer is most likely yes. This is a company-sponsored health insurance plan where your company basically pays into a fund, and if that money is all taken out by injured employees, they have to replenish it. This is different than regular health insurance, where your company buys a policy knowing what the fixed amount is every month. ERISA repayment is a complicated area, and I would caution you against trying to do it on your own without seeking legal advice.

If you are a recipient of Medicaid, Medicare, Peach Care, any other governmental insurance, or Tri Care, then you most likely have to pay them back for any health insurance costs associated with your accident. The federal government and state government operate by different rules than private health insurance carriers.

Since it's taxpayer money purchasing your health insurance, the taxpayers have a right to be paid back. They function very similarly to ERISA-based companies. If you do not pay Medicaid and Medicare the money that's owed to them, you can be liable for it. They can sue you. But more importantly, they can take away your Medicaid and Medicare benefits. The same goes for Tri Care. Repayment of health insurance is a complicated issue and it's beyond the scope of this book. However, I urge all of my clients who have health insurance to use it for their medical care and treatment; especially in the emergency room and family care doctors, or if they require MRIs or any specialized treatment beyond chiropractic care. If you follow the correct procedures, this can represent thousands of dollars in your pocket. You shouldn't worry about the defendant driver getting the benefit of you having health insurance. The only ones who benefit are you and your family. All of this just illustrates why we have to fight the insurance companies; making sure that we get the best settlement we can for you and your family.

Many states have what is called Medical Payment or Med-Pay coverage on their own car insurance policies. They use the same arguments: Why should my insurance

have to pay for it when somebody else caused it? If you have Med-Pay or Medical Payment coverage, you pay for that privilege every month. Every time you write your car insurance agency a check, you are giving them some money for that Med-Pay coverage. The amounts aren't usually high, but Medical Payment coverage is there in case you are in a car accident--whether it's your fault or not. Each state has rules on Med-Pay and whether or not it has to be paid back. Clients ask me, «Well, will my insurance go up if I use my Med-Pay?» The law says no. The law says they cannot raise your insurance rates based upon a no-fault collision. Therefore, use of Med-Pay should not increase your rates and should not cause your insurance company to drop you. If your insurance company were to raise your rates or to drop you, I would urge you to contact another insurance company. They would then research the accident and they would see it was a no-fault collision, and they would not hold it against you. I would not want to do business with a company that raised my rates for something that wasn't my fault. For that reason alone, I would want to change insurance companies, because it's probably a signal that if you're in a collision and you need their help for your own policy, they're not going to treat you fairly.

5. Giving a Recorded Statement

When you first contact the other party's insurance company, they're going to have you set up a claim. They will then say, "Do you have a few minutes? We just need to take a brief recorded statement to find out what happened in the collision." Some folks say, "Well, I don't want to make a recorded statement. Do I have to?" They'll say, "Yes, you have to. It's part of our investigation. We do this in every case." Or they'll say, "You don't have to, but I can't put you in a rental car until you do." Or, "I can't start repairing your car until I do, because I have to establish liability." This is true but also not true.

Many times, they are trained as part of the procedure on any new case to ask for a recorded statement. They have to ask for one. They don't have to receive one. In a simple rear-end collision where liability is not an issue, there is no need to give a recorded statement. In a more complicated case, sometimes there is a need for a statement. Many times, when they ask for a recorded statement, if they really do need one, they've already made up their mind that they're going to question liability and try and blame you for the collision. They just want to get you on tape telling a story so that later on, if you go to court, their lawyers can put up your statement and

compare it to your story and try to cross you up and trick you or see if there are any inconsistencies or differences. I recommend not giving a recorded statement unless you absolutely have to. You can send the accident report to them, so they can see it. In close to two-thirds of my cases, we don't do any recorded statements at all. When the circumstances surrounding the accident are clear and everyone knows what happened, there's no reason to give a recorded statement. The only reason the insurance company wants one is to try to trip you up later or attempt to limit your bodily injury claim. They are already planning on ways to fight you on your case.

If you give a recorded statement, they will ask you what your injuries are. They will sometimes do this within two days of the accident, but you may not know what your injuries are at that time. Back and neck injuries frequently get worse over two to three days. Therefore, if you gave a statement on the day after the accident, you might hurt more on the following day than when you gave the statement. Another possible scenario is that you are in so much pain from your neck injury and the migraines it was causing; you might fail to mention that your lower back hurt. You might have a broken arm and have just had surgery from it, so you might not be worried about

your knee, which struck the dashboard and has been causing you pain. If you fail to mention an injury in a recorded statement--no matter how soon after the accident it happened--and you later need any treatment for that injury, it is very difficult to get the insurance company to pay for it or include it in your bodily injury settlement.

For that reason, I do not give recorded statements talking about damages until a client is done treating. If you must give a recorded statement, talk about liability only, or talk about the facts surrounding the accident, but don't talk about your injuries. I recommend that you say that you're hurt and you're seeking treatment, but you don't want to go into any details at this time. This keeps you from being trapped by an insurance company claiming you didn't tell them about an injury. There is no need to talk about your injuries in a recorded statement with the insurance company.

They will sometimes say that procedure requires them to take a recorded statement of what you say happened at the collision. Its sole purpose is to document your testimony in the effort to try to find inconsistencies in it. They want to see if you change your mind or story about anything. Did you say the accident happened at

5:00 and the police report says 6:00? Maybe you say that you were going 45 mph and the speed limit is 35 mph in this area. Anything that you get wrong will be treated in front of a jury as if you purposefully lied about it.

6. Overstating Your Injuries

The best way to destroy your credibility to a jury or even to an insurance adjuster is to overstate or exaggerate your injuries. Some people think the longer they treat, the more money they'll get. Some people think that the more medical care they have, the more money they'll get. Some people think the longer they don't go to work, they more money they'll get. These ideas are not necessarily true. Juries are pretty good at figuring out who is exaggerating their injuries. If you see a doctor for four months, and every time you go in you say your pain is at a level 9, that is not really believable to a jury or to an insurance company. If it really is that high, you would need much more serious care and treatment than just a physical therapist or a chiropractor. If a jury feels that you have exaggerated your injuries, they will heavily penalize you on your verdict. If they become convinced that you are faking everything, they will give you much less money, so don't lie to anyone about your case--not your lawyer, the doctor, or the insurance company. I can fix a lot of stuff, but

I can't fix a lie. I cannot prepare for it, I cannot diffuse it, and I cannot prove our side if you lie to me or to the jury.

Your doctor also cannot treat you effectively if you lie to him. Prior injuries are okay, but if you lie about them, then you will destroy any value in your case. Also, overstating your injuries or exaggerating them to your doctor is just not good medicine. Your doctor won't know which tests to perform, which medicines to prescribe, whether his treatment is effective, or how to make you better.

A sure way to irritate and frustrate your lawyer is for him to find out that you're being dishonest, so never overstate your injuries, because it will almost always come back to bite you. Your bodily injury case is what it is. Your lawyer's job is to get the most value for your case based on what what's fair. Overstating your injuries usually results in a lower jury verdict and then less money from the insurance company.

Another component of overstated injuries is extended wage loss claims. If you cannot go to work, that's perfectly fine, but you need a medical excuse from a doctor stating that you cannot go to work. People understand that right after the accident you very likely could not or

did not feel like going to work. However, most people expect you to go back to work within one to two weeks. Just because you're seeing a chiropractor or a physical therapist does not mean you cannot go to work. If your job is of a more physical nature, then you need a note from a medical doctor. Insurance companies and juries will not believe extended absences from work or extended lost wage claims without significant medical documentation. Juries are made up of normal folks just like you and I. Most cannot understand why you could not go to work for three months when all you did was treat with a chiropractor or physical therapist. They do not believe that you were injured to the extent that you could not work. Therefore, they will discount your lost wage claim if it's that high, believe you are overstating your injuries and punish you by giving you less than they normally would have. The insurance companies operate the same way. Juries expect that you'll be in an accident, not go to work for some days and seek treatment, go back to work while you are still seeking treatment and then be done. Not going to work for three months with minor injuries is the same as overstating your injuries.

A component of this issue is simple honesty. If you are giving a recorded statement and they ask you a

question, you need to be honest. And If your lawyer asks you a question, tell the truth. Lawyers can deal with bad information. What they cannot deal with is being caught not knowing about something. That makes them look like liars, or it makes them look like bad or uninformed lawyers. It is also makes you, the client, look terrible. I once had a client who was asked in a recorded statement, “Do you owe any back taxes?” Back taxes have nothing at all to do with a car accident and they have nothing at all to do with a bodily injury case. The fact that my client had or did not have back taxes would not be admissible or relevant in court. However, my client did owe back taxes and lied about it. After her recorded statement was over and my client was no longer present, the insurance company said, “She does owe back taxes. Here’s the lien.” The back taxes issue became admissible in court, not to prove she owed back taxes, but to prove that she was a liar. My client’s lie accomplished two things for the insurance company: One, it got the back taxes into the minds of the jury, so they felt like she was not paying her fair share to the government. Two, it destroyed her credibility; because she lied, the jury would not believe anything she said.

If they ask if you've been in a prior accident and you have, then you need to say so. Insurance companies will run your name and your social security number in their large database, and they will pull up every claim you've made in the last ten to fifteen years. You'd better believe they will know whether you filed a claim or not. If you say you haven't, be prepared for your credibility to be destroyed in court.

Clients have said to me, "Well, Shane, I don't want to tell them I'd ever hurt my back before the accident, because I'm afraid that then they'll think that none of my medical care is related to the accident." This is a perfectly justifiable fear. An insurance company will try to say, "Well, we don't want to pay for your back injury because you were hurt before." The important thing is, are you worse now than you were before the accident? If you were, then they are liable for that worsening of your condition. It's important to let me know what your status was six months before the wreck. Were you seeing any doctors for your lower back? Were you on medication? Did you need any therapy? If the answer to all of these is no, then it's not really relevant that two years before the accident you saw your doctor for your lower back, and he gave you a little bit of medicine and then you were fine.

Juries understand that. They know that you can get hurt and get better. Even if you were seeing a doctor prior to the accident, your condition could, in fact, be made worse by the accident. As long as your medical doctor can document what your condition was before and what it was after the accident, we can work on it, and we can have a case based on the worsening of your condition.

7. Sending Incorrect or Incomplete Information to the Insurance Adjuster

The insurance company is going to ask you to send them a packet of your medical bills about your lost wages and pain and suffering. If you send shoddy information to them, it will damage your case. If you send lost wage information and say, “Well, I missed six days of work,” but you don’t send the proper paperwork from your employer showing your rate of pay and how many days you missed, you will hurt your case. If they ask for medical bills and you don’t send all of your medical bills, you will not be paid the full value of your case. When you go to the emergency room and you don’t get treated on health insurance, there’s a bill from the ambulance, there’s a bill from the emergency room, there’s a bill from the ER doctor, and there’s a bill from the x-ray people. That’s four bills for one trip to the emergency room. If you

only send two bills, guess what? They'll be more than happy to pay you for only two.

When my firm sends information to the insurance company, we create a nice packet. We draft a demand letter about the facts and circumstances surrounding the accident. We include a section about your medical treatment, where you went, what kind of diagnoses you received, what kind of treatment the doctors did, and what medicine they gave you. Next, we include a section about your medical bills, with an itemized expense list including your lost wages and any future medical expenses we expect. Finally, there ought to be a section talking about your pain and suffering or inconvenience due to the accident. What are some things that you cannot do because of the accident? What are some things you missed because of the accident and your injuries? Did you miss your high school prom? Were you unable to play in any sports tournaments? Could you not go fishing with your Sunday fishing buddy? Could you not work in your yard or around your house? Talk about some specific things that you could not do because of the accident. If you have children and could not pick them up, you can talk about the fact that your children did not understand why daddy or mommy suddenly couldn't pick them up anymore or

why you could not wrestle with them on the floor. Talk about specific things. This is all that goes into pain and suffering, in addition to the fact that you were hurt.

Another Mistake: Thinking the Adjuster Is Your Friend

Always remember that the adjuster's job is to settle claims as cheaply as possible. This means that if the adjuster can get you to take less money, they are doing a good job. Maybe the adjuster only gets you to take \$500 less, but over the whole year on all of the outstanding claims, that is a lot of money for the insurance company. If they can convince you not to file a claim, imagine how much they save their company. The adjuster wants to get you to take less money than the claim is worth.

Some adjusters play very nice in the beginning of a file. What have they got to lose? If they aren't nice, they can always go back to being not nice. They know that you feel like you are suing the adjuster, and if they have been nice and cooperative, some folks will feel badly about it.

8. Signing a General Health Authorization

When you tell the insurance company that you were injured, they will send you a packet full of forms. I don't recommend filling out any of these forms. One of these forms is a general authorization form, and if you sign it, you have authorized the insurance company to get your medical records for the last ten years from any doctor you ever went to, whether it is relevant or not relevant to the car accident. With this authorization, if you sought psychological counseling three years ago right after your divorce, they'd have a right to request that. They would have a right to request a woman's OB/GYN medical records. They would have a right to request records of any substance abuse counseling you had received. They would have a right to order your primary care doctor's records for the last five years to see if you ever went in for low back pain. Signing a general health authorization is one of the most damaging things you can do to your case. Is it relevant that you sought alcohol counseling three years ago after your mother died? It's not relevant at all. Can the insurance company use it to damage your credibility and to lower the value of your case? Yes, they can. You should control the flow of information that you give to the insurance company. When you get your medical records and bills together for the insurance company,

you control that information. You give them the information that's relevant to the case. This is critical, because if you sign a general authorization, you give all that control to them, which gives them the ability to reduce the value of your case. They can then say, "Well, three years ago we see that you hurt your lower back," and they can start arguing with you by saying, "Well, maybe some of your injuries are from that," even though you hadn't sought a doctor's care in two years. They will use anything in your records to reduce the value of your case. They will use the information to muddy the water and hope a jury says it might have been prior injuries.

Sometimes there are other forms they ask you to fill out, but be careful! One of those forms very well could say, "What did you hurt in the accident?" If you talk about your back and neck and forget to put your knee down, guess what? They may not pay for your knee treatment. If they ask you what happened in the accident, and you describe something and you miss-state it, guess what? They may now dispute liability. If you write down the wrong number for your property damage, guess what? Even though they know what the amount is, is it possible they'll use it against you to try to argue with you? Yes.

Filling out insurance company forms is just like anything else. The forms are designed to help them pay you less money on your case. Why would an insurance company need to ask you on a form what happened in the accident when they've already had you give them a recorded statement, they've already seen the police report, and they've already talked to their insured? There's only one reason, and that's to try to minimize the value of your case to look for any differences in these four statements and try to use them against you. The same is for medical records and forms.

Along those lines, signing a release is a bad idea. A release from the insurance company ends your case. Do not sign any form without reading it in full; making sure it's not a bodily injury release or a general release, extinguishing your claim. Once you sign a release, your case is over. It doesn't matter if two days after that you decide you need surgery or you find out some other information. Once you sign a release and take an insurance company's money, your bodily injury case is over. Be sure to consult with an experienced personal injury attorney before signing any forms from the insurance company.

9. Getting the Wrong Medical Care

The key component to your bodily injury case is the amount and type of your medical care. If you get the wrong care, it can wreck or diminish the value of your case. How do you know what is the proper medical care? Hopefully, you haven't been in any other wrecks, so you would not have a lot of experience dealing with back and neck pain. Also, most people have great respect for medical doctors. We're taught that we should listen to doctors and do what they say.

A family care doctor is usually not a back specialist. Many times, the doctor might feel that your back and neck may very well get better on their own and that you might not need any further care. Therefore, if you go see your family doctor, he may prescribe 30 days' worth of medicine and tell you not to come back or to come back if you don't feel better then. This is devastating to a personal injury case. This is 30 days of no treatment, when you were saying you were in significant pain and needed more care. Most juries feel that if you were hurt, you would have gone back to the doctor. Sometimes you were just following the doctor's orders and were going to go see him after the end of the 30 days. If you're hurt, go to the doctor. If you see a family care doctor and he

gives you medicine and says, “Come back if you don’t feel better,» and a week goes by and you don’t feel better, go back to the doctor so he can recommend physical therapy.

Another issue that comes up is when medical care is not making you better. If you’re seeing a physical therapist or a chiropractor and 90 to 120 days go by and you don’t feel better, you need to do something different. Whether that means getting an MRI to look for a bulging or herniated disc or going to a pain management doctor will depend on the specific facts of your case. However, juries do not expect you to continue doing the same thing over and over for months at a time. If it’s been more than four months and you don’t feel better, you need to talk to somebody about changing your care. Sometimes this can be talking to your physical therapist or chiropractor and changing specific aspects of the treatment, and that’s perfectly fine. Maybe they can add something. Maybe they can do something different that will make your symptoms better. If they can, that’s great. However, if they cannot treat you after 120 days, they should refer you to someone who can; like an orthopedic specialist who treats chronic neck and back injuries; a pain specialist who treats people with injuries that are not healing;

or a neurologist who can order an MRI to look for herniated or bulging discs. There are many different types of treatment for a case where injuries are more severe than standard, soft tissue injuries.

Another issue is when you have a broken bone and you don't have any health insurance; you may not get exactly the right care you need. You need to know whether the bone is healing correctly and whether you need surgery or not. The only way to do this is to see an orthopedist who treats bone injuries. If you have a complicated fracture and you see your family care doctor, they are not going to be able to give you the proper advice on whether or not you need surgery.

If you have a scar, either from a cut or a burn related to your bodily injury claim, you should have a plastic surgeon perform a scar evaluation, because a picture alone is not sufficient to document the severity of a scar. When you go to court and you talk about a scar, a question many juries will ask is if it's repairable. If you have not seen a plastic surgeon, you will not be able to answer that question.

In a standard case where you just hurt your back and neck or have muscle strain, your normal care may be an emergency room visit, a visit with your family care doctor, and then treatment through either a chiropractor or a physical therapist. This is typical medical treatment for these types of injuries. If you have pain that radiates down into your arms or legs, a referral to a neurologist who can order an MRI would also be typical. Any time your pain and treatment lasts over 120 days, you are stepping out of that normal pattern to more complicated medical care. You need to discuss with your doctor how to make you better.

10. Hiring the Wrong Lawyer

All lawyers are not the same. All personal injury lawyers are not the same. There are many different types of law that someone can practice: Divorce, criminal defense, contract, corporate law, wills, estates and trusts, bankruptcy, workers' compensation, and personal injury. You hire a lawyer based on their knowledge of that area of the law, their experience in dealing with insurance companies and juries, and their handling of personal injury cases. Does that lawyer know how to maximize the value of your bodily injury case? Are they willing to put in the time and effort to do so? When talking to a lawyer,

you should feel free to ask what type of law they practice and if they take personal injury cases. Find out if their firm does anything besides personal injury work and what other types of cases they handle. All of these questions are important and relevant.

If a firm does other things--similar to an orthopedist's office having someone who works on knees, someone who works on hands, and someone who works on backs and necks--it's just a more well-rounded firm. However, if the lawyer who is handling your case does multiple types of law, you should ask for more specific details. For instance, I would not go to a personal injury attorney to close on a house, so why would I use a real estate attorney to handle a car wreck? I get calls all the time asking if we do wills or handle child support cases; can we help a small business collect on an owed debt; can we handle a criminal defense case?

When we first started our own firm, we tried to do several different types of cases. Very quickly, I learned that my clients were best taken care of when I did what I do best. Now, when a former client calls and asks if I can do a different type of case than what I usually handle, my

answer is almost always the same: “Sure I can, but you don’t want me to. Let me refer you to someone who does this all the time. I know this lawyer, and he can help you better than I can.” I then refer the client to a lawyer who knows that particular area of the law as well as I know personal injury work.

What percentage of your cases is personal injury? How many personal injury cases have you handled? How many cases like mine have you handled? Does your staff know how to do personal injury cases? These are important questions that you should ask. If you had a knee injury, would you want to go to a doctor who does surgery on the entire body, or someone who just works on knees? The same goes for your personal injury case. Hopefully, you will not have more than one car accident or personal injury case. Therefore, how do you feel most comfortable having that case handled? Do you want someone who does a little bit of everything, including a few personal injury cases a year, or do you want someone who only works on personal injury cases? That’s entirely up to you. It is important to know the experience level of the attorney you are working with. Specifically, is this a brand new lawyer? How much do they know about personal injury

work, and how many years have they been taking personal injury cases?

Any lawyer should be willing to talk to you about their experience and about prior case results, especially cases similar to yours. Remember, every case is different, which is why you want an experienced lawyer.

Find out the lawyer's experience in handling cases. Has he done personal injury for six months, a year, five years or ten years? Has he handled ten or twenty personal injury cases, or has he handled hundreds? A lawyer with experience in personal injury matters is going to be best able to advise you on whether a settlement offer is fair or not and if you should go outside for further medical care. He will also be knowledgeable about paying back the health insurance companies and can advise you whether there are things in your past that will make filing a lawsuit a bad idea in a personal injury case. If you're paying for a lawyer's services and come to him for advice, just make sure that the lawyer you hire can give you good advice and help you with your personal injury case.

Beware of the “family friend” lawyer or the lawyer your friend used for something else. A phrase I’ve heard quite often is «a family lawyer.» A family lawyer is a lawyer whom your family uses for everything. This may not be the best person to handle your personal injury case, because a lawyer who writes wills all day long may not know how best to negotiate with the insurance company. A lawyer who focuses on divorces may not be that knowledgeable on how to prepare a demand to send to the insurance company that documents the full range of your injuries. A lawyer who does contracts may not know how to file your personal injury case. A lawyer who has not handled many personal injury cases may not be in a position to tell you whether your offer is fair or not. A lawyer who doesn’t know a lot of medical doctors may not be able to help you get the medical care you need if your case is more complicated and if you don’t have health insurance. A lawyer who only dabbles in personal injury may not be able to help you maximize the value of your case or even know how to push a personal injury case to a rapid resolution. So many times I have heard people say, “We have a family lawyer.” These clients often come to me in the middle of a case and want help, because their “family lawyer” was going to help them, and then

the case fell apart. Why? Many times, the family lawyer doesn't do personal injury work, but he does some other type of law and was just going to help out. I don't do other types of law. I only do personal injury work. Remember, this is a battle, and picking your lawyer is like picking your gun for a battle: The right one can mean the difference in victory or failure.

Trying to Settle Quickly – Without a Lawyer

“I thought a lawyer would only cost me money. I thought I didn't need a lawyer. I thought a lawyer would only take my money.” I hear these excuses from people who hire me in the middle of or at the end of their cases. They try to explain why they waited so long to call a lawyer.

The insurance industry did a study and has repeated the study several times. Every time I have seen the results, they are the same. The group who did the study found that people with lawyers receive settlement numbers three-and-a-half times higher than those without. These are their numbers, not mine. At my firm, we do our best to tell you about pitfalls that can hurt your case, and we help you to avoid them. We try to fix any

mistakes. We argue with the insurance company and will investigate your claim. We know what a case is worth.

I do not expect my clients to know as much about personal injury cases as I do. After all, this is what we do all day, every day. For most of my clients, this is their first injury in a car wreck.

HOW TO HIRE THE RIGHT LAWYER FOR YOUR CASE

Choose a lawyer the same way you would do anything else: Do your research. Ask prospective lawyers about their practice. Ask them about their experience; what they normally find in cases such as yours. Ask them about their staff. Ask them how your case will be handled. Does the firm have more than one paralegal? Will there be a paralegal who will be focused solely on your case, or do they share files? Does the lawyer return telephone calls on a regular basis? Get the details about your lawyer before you hire them. If it takes a few days or weeks to choose the right lawyer, that's okay. Just make sure that you are getting the medical care you need while the case is going on. Can the lawyer provide testimonials from former satisfied clients? Is there anything about the lawyer on the Internet? Does the lawyer have malpractice insurance? These are all relevant questions, and you ought to know the answers.

It is very difficult to tell one lawyer from another just by looking at Yellow Pages ads. When I bought a house, I looked at many different houses; and when I buy a car, I look at more than one car. I caution against hast-

ily calling a lawyer whose name you got out of the phone book. At least take the time to talk to the lawyer and find out about who they are prior to hiring them for your case.

Trying to settle your first injury case is similar to buying your first car. When most 18-year-olds go to buy a first car, especially a used car, they don't go alone. They call their dad or mom or an older friend to go with them and negotiate. They check on-line to see what the car is worth. This is how they don't get taken for a scam. Your case is similar. Unless you have experience in this area, you are likely to make a mistake.

Can you settle your case without a lawyer? Sure, you can. Should you? That is a different question entirely. If you consult with a fair, experienced and ethical lawyer, he will tell you whether or not you need his help. I have talked to some prospective clients, reviewed their cases, and after explaining all of the options, told them that I recommended that they not hire me and instead handle their case on their own. The difference is that these people made an informed decision with advice from a lawyer.

Not Knowing the Value of a Case

Every case has a certain value range based on several factors; the severity of the collision, the type of injury the person had, the type of treatment they needed, the duration of the treatment, and other factors that cannot all be listed here. It matters where the accident occurred and even who specifically caused it. Was it a commercial company? Was the other driver drunk? There are too many variables to list.

Sometimes I hear, “Well, my brother was hurt like me, and he got x dollars.” Put whatever number you want there. I don’t know your brother’s case. I don’t know when it happened or where, and he may not have even gotten that much. I usually want to see a copy of the check or talk to his attorney. Is it possible your brother told you everything? Is it also possible that he left out some terribly important fact that makes his case much more valuable? Perhaps he didn’t get that amount and just told you he did. Let an attorney advise you about your specific case and injuries, keeping in mind that this can only be done effectively after you are done treating. Sometimes, a small case becomes big, and a large case becomes small due to a fact discovered after treatment is done.

OTHER COMMON MISTAKES

Settling Your Case Before You're Well

Sometimes people talk about settling their cases quickly or settling before they are done treating. This is a sure way to settle for less than your case is worth. The insurance company will only pay you for the treatment you have received. They are not going to pay you for future medical care at the chiropractor or with your doctor. The only reason they would settle with you early is so that they don't have to pay for any more medical care. Remember, their job is to settle your case for as little as possible. They don't want you to get any medical care. If they think you are desperate to settle or need money now, they will offer it, but it will be less than what your case is worth.

Another problem with settling your case before you are well is... what if you don't get better? What if, instead of shoulder strain, you have a torn rotator cuff? What if, instead of lumbar strain, you have a herniated disc and need surgery? Once you settle your case, every medical cost and expense is on you. Also, once you

settle your case, no additional pain and suffering will be considered.

Settling Without Knowing About Liens

In certain circumstances, there can be a lien associated with your case. A lien is where someone has to be paid out of the settlement. Some liens are straightforward; For example, a hospital lien is where you were treated at the emergency room, and the hospital has filed a lien, so that they are paid out of the settlement. Health insurance companies may also try to have liens on your case.

Missing the Statute of Limitations

A surefire way to ruin your case is to miss the statute of limitations. Each state has its own statute of limitations. There are also sometimes shorter statutes and notice requirements for cases involving any city, state, or county governments, which are called different things in different states and are totally separate from the statute of limitations.

The statute of limitations is also different for cases involving minors or children. Children's cases survive lon-

ger, because they are minors. Their limits are extended until after they become adults.

In addition, under a few select circumstances, a hidden medical malpractice injury case can survive longer than two years, but there is a limit to how long it can go on. Statute of limitations violations is a good way to ruin your case. Make sure to tell your lawyer when the accident happened, so he can determine statute of limitations.

Not Finding All the Insurance

This will not ruin your case, but it will make sure you don't get all you are entitled to due to your injuries. We always look for all types of insurance that may be available in every situation: Is there uninsured motorist insurance? Is there a resident-relative policy we can use? Is there an umbrella policy that applies? These are extra policies that can cover you for your injuries.

An insurance adjuster may not tell you the amount of available insurance. By citing the code section and sending a letter by certified mail, we can find out the exact amount of coverage available. However, there is

sometimes a hidden umbrella policy that we can only find after filing a lawsuit. An umbrella policy is usually in the amount of one million dollars. Obviously, if someone is seriously injured, then we want to find all of the available insurance.

THE BASICS OF A BODILY INJURY CLAIM – THE STAGES OF BATTLE

As discussed in detail previously in this book, your bodily injury case is valued by the cost of your medical treatment and the amount and duration of that treatment, as well as your pain and suffering and documented lost wages. Each component adds to the value of your case, and removing any component will reduce the value of your case. It is your lawyer's job to make sure that your case receives maximum value based on its specifics. Every case is different, every injury is different, and every claim is different. Any lawyer who gives you a dollar value for your case before you have been treated is just pulling numbers out of thin air. A lawyer can tell you what an average case is worth. He can tell you what his experience shows a similar case may be worth, but he cannot tell you specifically what your case is worth without knowing all the facts, reading the medical records, and knowing your past history.

When determining what you have lost due to a personal injury case, please keep in mind that you may or may not have lost wages. You may have medical bill costs. You may have prescription costs, and even if you

take over-the-counter pain medication, this is recoverable. You may also have co-pays. If you require a nurse or someone to help take care of you as a result of your accident, that cost is recoverable. What about household chores? If you were unable to do something and your spouse had to do it, that is mentionable and recoverable. If you normally mow your yard, but due to your injuries you had to hire someone else to mow it, that is recoverable. If your home had to be modified due to a permanent injury, this should be included in your accident case. Many times, people require costs for transportation to and from treatment, either through a taxi or some other service. You should document and record this recoverable expense. If you drive yourself, you should keep track of your mileage. Normally, when we present a demand, we present it based on whatever the appropriate tax rate is from the federal government for mileage at that time. Document what days you went from your location to the doctor's office and back home; the total mileage for the round trip is the amount of mileage you are entitled to for that day.

INSURANCE LAW – THE RULES OF WAR

States require that everyone carry what is called liability insurance. This is the minimum amount of coverage you have to have to legally drive a car on the road. All liability coverage pays for is if you are in an accident and injure someone else. It doesn't pay for your injuries, and it doesn't pay for your car. Liability coverage is sold in different amounts, with some states mandating limits as low as \$10,000. It is sold as 10/20/10, which is the terminology the insurance company will use. The first number refers to the amount in thousands that the insurance company will pay up to any one claimant if you injure someone. The second number refers to the total amount they will pay for any one accident to any number of claimants. For instance, if you have a 25/50/25 policy, the insurance company will pay in sum the amount of \$50,000 to all the parties, if there are more than two. This means that if in the accident you harm three people, the most that will be paid on their cases added together would be \$50,000. This is the limit, no matter how serious the accident. The third number is the total amount of property damage they will pay to the other parties in a collision, and it does not include your vehicle.

When evaluating insurance coverage, please evaluate how much you need. It's normally sold in amounts of 25/50/25 or 50/100/50 or 100/300/100, and the amount is always in thousands. Is a 25/50/25 policy sufficient for you? It actually does not protect you very much. For instance, if the last number is \$25,000, and you hit someone in a fancy car and total their vehicle; or if you strike two vehicles, that may not be enough to pay for their vehicle costs. This will force the other person to sue you. If you have a \$25,000/\$50,000 policy, and you injure someone, causing that person to have a severe break, that amount of money would not be sufficient to protect you. Liability coverage protects you from being sued. If you have any substantial assets, you definitely need a larger policy. Your insurance company will attempt to settle any case for the amount of your policy limits; however, if you severely injure someone and you only have a \$25,000 policy, they may be unable to do so, and your personal assets would therefore be on the hook if that person should receive a larger judgment against you.

UNINSURED MOTORIST COVERAGE – TACTICS YOU DON'T NORMALLY USE

When you purchase automobile insurance, you have the option to buy uninsured or underinsured motorist coverage (although some states are requiring it). I always recommend this to my clients, even if their state does not. This is insurance that protects you if someone who does not have insurance causes an accident. You may be thinking, the law requires you to have insurance; therefore, what are the chances that someone who doesn't have insurance is going to hit me? Depending on what state you live in, uninsured motorists can be between four and thirty-four percent of all drivers. Studies have shown that unlicensed and uninsured drivers represent twenty percent of all fatal crashes on America's highways, and this is from a national news article. Whatever the number, it's frightening to think that one out of every four drivers on the highways today probably does not have insurance.

Many people realize that the police run a report when they stop you to see if you have insurance or not, but the database is not actually in real time. In fact, the

insurance companies are not required to update that database as soon as a policy is cancelled; they're given a latitude of 30 to 60 days. This means that somebody's insurance could be cancelled and this person could be in an accident, and the database could report that he or she had insurance. However, that wouldn't help you if you were injured by this person in an accident. Uninsured motorist coverage protects you from this scenario.

Designed to protect you if the other driver doesn't have enough coverage, underinsured motorist coverage comes in two types: Stackable or non-stackable. Each state has specific rules. The following is based on generalizations and not a specific state. Stackable insurance means that it stacks directly on top of whatever coverage the other party has. If the other person has \$25,000 worth of coverage and you have \$25,000 worth of stackable coverage, you're protected up to \$50,000. This is the preferred and recommended type of underinsured motorist coverage. You should get the amount of insurance coverage you pay for.

Non-stackable insurance means that your insurance company gets credit for any amount of money the

other party's insurance pays. For instance, if you had a \$50,000 policy of non-stackable coverage and the other party paid you \$25,000 for your injuries, you would have had a \$50,000 minus \$25,000 equals \$25,000 of coverage left. It's not as valuable as stackable insurance.

Uninsured motorist coverage is recommended for everyone. Additionally, it covers you if you're walking along the road and you're struck by an uninsured driver in a motor vehicle. It can also cover your children if they're injured by an uninsured driver while riding their bicycles. I always recommend uninsured motorist insurance to my clients.

Your uninsured motorist coverage will also normally cover a relative who is living with you in your home, if they are injured in a car accident. To find this out, you need to look at the specific policy, but many times it covers any relative who is living with you. However, it does not cover an unmarried partner or spouse.

MED PAY – STUFF YOU PAID FOR

Med Pay or medical payment coverage is a type of insurance you can purchase. Med Pay is no-fault coverage, meaning it does not matter whether the accident is your fault or someone else's fault. It will cover you or any passenger in your vehicle if there is a motor vehicle collision. This means that if you cause an accident, it will pay for you to go to the doctor to seek medical care; and if you are injured in an accident, it will pay for your medical care and treatment.

I recommend this type of coverage for several reasons: One, it allows you to go to the doctor immediately and get treatment. Two, it may be able to substantially increase the amount of money you receive in a bodily injury case, because your medical bills would already be paid by your medical payment coverage. Med Pay is typically only entitled to reimbursement if you're "made whole." If you have Med Pay and you need an expensive test, you are more likely to get that test, because you're not worried about having to pay out-of-pocket in cash. We always recommend Med Pay to our clients just as a safety measure. Med Pay is essential if you do not have health insurance. Reimbursement to your insurance carrier is specific to each state and the type of policy you have with your insurance carrier.

THE LITIGATION PROCESS – WHEN IT REALLY GETS ROUGH

Litigation is the process of actually suing someone. Filing a bodily injury claim or sending in a demand to the insurance company or filing a claim is not the same as litigation. Litigation occurs when you actually file a lawsuit in the courthouse against the other party. This begins the process of going to trial. Prior to beginning this process, you should have a long, detailed conversation with your lawyer about what is involved in this process and whether this is the right move for you.

Litigation is time-consuming and expensive. It will require you to provide documents to the other person. These documents can range from medical bills, records, and tax returns to job history and employment questionnaires. Litigation means filing a lawsuit as the first step on the path to getting to a jury.

Most personal injury cases do not go all the way to a jury. Many are settled prior to ever filing in court or beginning the litigation process. Many of those that do file a lawsuit ultimately are settled prior to going to court through mediation, arbitration or just negotiation.

SHOULD YOU HIRE A LAWYER? SHOULD YOU GO IT ALONE? DO YOU NEED BACK-UP?

Every few years, the insurance companies do a study to find out if people who have lawyers make more money in accident cases than people who don't. This is a study paid for and performed by the insurance companies, and they are deliberately trying to reduce the involvement of competent personal injury attorneys in bodily injury cases. Why are they trying to do this? Some people might think it's so that the injured parties get more money. After all, if a lawyer is not involved, the claimant doesn't have to pay a lawyer. Also, the case might go more smoothly, be resolved more quickly, and be less confrontational.

However, every few years when they do this study, the results are the same. It's a study performed by the Insurance Research Council; a nonprofit organization that's supported by property and casualty companies across the United States. This is the same organization that advances insurance company abuse, does some advertising/propaganda talking about insurance companies, and lobbies your elected officials. Every year, this

study comes to the same conclusion: People who have lawyers receive on average three-and-a-half times more money in settlements than people who settle on their own. This is based on the total amount of the settlement prior to paying lawyers and medical bills and anything else. Three-and-a-half times! This seems to me to explain why they try to reduce attorney involvement: It's all about money.

WHAT DOES AN EXPERIENCED LAW FIRM DO FOR YOU?

These are things you can expect from your personal injury law firm:

They should interview you.

They should educate you about personal injury claims.

They should gather the necessary information to support your claim, including accident reports, medical records, bills, and lost-wage evidence.

They should look at your insurance policy and health insurance to see what type of coverage is available for you; whether it's Med Pay, health insurance or uninsured motorist coverage.

They should look at your own policy and make suggestions about what you might buy in the future: e.g. uninsured motorist coverage, Med Pay, etc...

They should interview you and gather evidence from witnesses.

They should collect any other evidence, such as photographs of the vehicles, if they are available.

They should see if there are any legal problems affecting the case, such as whether you might partially be at fault for the accident or whether another party might be involved in the accident.

They should gather your medical bills.

They should monitor your medical treatment and help advise you about whether or not you should consider seeking outside medical care.

They should look at your health insurance to see if it might pay some of the bills and whether you have to pay it back.

They should look at whether there are any liens on the case requiring full payment at the time of the settlement to these doctors.

They should contact the insurance company and set up the claim to put them on notice.

They should attempt to negotiate the case with the insurance company.

They should advise you on whether litigation is appropriate for your case and what the risks and rewards of pursuing litigation are.

LOST WAGES AND TAXES

If you have a lost-wage claim, the insurance company is going to ask for the documentation to support that. This can be a letter signed by your employer indicating what your rate of pay is and how often you work. If you're self-employed, it becomes significantly more difficult to get your lost wages paid for many reasons: One, self-employed folks normally don't have a salary; they get paid according to how much their companies make. To prove a loss in profits, you have to show a decline through either your quarterly tax returns or your profit-and-loss statements. Many times, self-employed folks go to treatment and just make up their time, but this won't show a loss in income. If you take a salary in addition to a bonus, that might be an indicator of how much you work, and this would support it. However, the insurance company is going to ask to see your tax returns. This is the documentation that you give the federal government showing how much you make. If your testimony and what you're saying conflicts with this, you will lose out. They will argue and be successful at saying that you ought to be paid based on what you tell the federal government; otherwise it's tax fraud. Just be aware of this, and make sure any claim you make is supported by appropriate documentation, including pay stubs, quarterly profit-and-loss statements, or tax returns.

“BUT I NEVER SUED ANYBODY” OR “I’M NOT THE SUING TYPE”

I have clients come to me and say, “I never sued anybody, Shane, and I don’t feel good about suing anybody.” Be aware that initially filing a claim is not suing anyone. You’re asking that person’s insurance company to pay you for your injuries and your lost wages and your pain and suffering. It doesn’t have to be thought of as confrontational. It’s sort of like going over to your neighbor and saying, “Hey, you busted out the window of my car, will you pay for it?” Now, there is inherently a little bit of confrontation, but it doesn’t have to be that bad. Of course, I’m a little biased. I file claims, and I sue people for a living. That’s what I do. I’m a plaintiffs’ personal injury lawyer, and my job is to get insurance companies to pay people for their injuries. However, that does not mean that all I’m worried about is money or that I don’t care about people and I pursue frivolous claims.

I was raised with the idea that if you break something, you fix it. That’s what I try to make insurance companies do. I was raised to believe that if my kids are playing out in the cul-de-sac next to my house, and they knock a baseball through my neighbor’s window, the ap-

appropriate and responsible thing to do is to go over, tell my neighbor, and offer to pay to fix the window. I may make my boys pay me back, but I don't go to the neighbor and tell them the boys will work for them for 15 years at 25 cents an hour to fix the window. I also don't think it is right to say, "You know, I don't want to pay for a new window, because the window in your house was five years old, so I'll give you half of whatever a new window costs." That wouldn't be fair, because without my kids breaking the window, their old window would have worked just fine. Another issue is that I don't think it's fair for me to go buy a window at Home Depot and drop it off at their front step. If the window was installed in the house, I ought to pay to get it installed. That is how you make somebody whole: You get the window repaired or you replace it, if that's what's necessary. That's the right thing to do; the Christian thing to do, and it's what my parents taught me to do.

Now, what if my neighbors were out of town when my kids busted that window, and it rained that night and the rain ruined the carpet in my neighbor's house? If not for my kids, that carpet would have been perfectly fine. Therefore, in order to put my neighbors back in the position they were in before that accident, I have to replace the window, get a new one installed and get the carpet fixed.

That is what we ask the insurance companies to do for you: We ask them to pay you for your medical care and treatment. We ask them to pay you for your lost wages in the time you missed away from work. We ask them to pay for the inconvenience and hassle of being in an accident. Surely you would have preferred to spend your money and time on something else, rather than on getting to and from the doctor. We cannot take your pain away, so we ask them to give you something financially for it, because that's all we can do. That is what a personal injury case is: We ask the other side to put you back into the spot that you were in before the accident. Money is the only way we can do that; therefore, money is what we talk about.

If everyone did what they ought to do, then there would be no need for lawsuits. There would be no need for plaintiffs' personal injury lawyers, and you wouldn't even have to be confrontational. However, most folks don't have a huge wad of money in the bank to pay for their mistakes, so they purchase insurance. The problem is, most insurance companies don't play by the same rules you and I do. Instead of looking for a way to make you whole and put you back in the position you were in,

they look for a way to pay you as little as possible. In fact, that's the way they train their adjusters; they send them to classes on how to evaluate cases and convince you that your case is worth less than it really is. The numbers are not as cut-and-dried as replacing a window. And to further complicate things, many times they'll argue that you should not have treated for as long as you did; that you weren't hurt as badly as you say you were, or that your doctors' bills are too high. A lawyer can help you to get fair treatment.

WILL THEY JUST PAY MY MEDICAL BILLS?

Many times people say, “You know, I just want the insurance company to pay my medical bills, Shane. Why do I need a lawyer for that?” First off, insurance companies don’t just pay medical bills. They look for ways to argue that those bills are too high. They’ll tell you your chiropractor’s bill is too high. They’ll tell you the emergency room should not have run those tests and that you didn’t need those MRIs, because they didn’t show that anything was wrong. They’ll argue that since you went to the Emergency Room right after the accident and your blood pressure was high and they admitted you, that it’s not their fault; you had blood pressure problems before the accident. They’re going to ignore the fact that the pain and the stress of the accident is what caused your blood pressure to be uncontrollable. They’re going to argue that your chiropractor was charging too much money and that his fee is unreasonable; like that’s your fault. They’re going to argue that the chiropractor, or the physical therapist, or the orthopedist should not have treated you for as long as he or she did. They’re going to argue that you weren’t really in that much pain; that you just went to the doctor because you thought it was fun and enjoyable. Those aren’t the exact words they’ll use, but that’s what they’ll imply. They’ll also imply that you just ran up

the bill, because you thought you'd get more money and that you just wanted to go to the doctor. They'll suggest that the condition you had surgery for was not related to the accident, even if your back pain was controllable by medication prior to the accident and your medication had not changed in two years before the accident. They're still going to argue that's not their fault.

If it were as easy as them just paying the medical bills, maybe it would be okay. And they'll talk to you like it will be... until after you've run up all those medical bills; then, suddenly, they'll start fighting you. Well, it's a little late once you've got the bills to be talking about whether they're going to pay them or not. They'll tell you, "Well, we'll pay for reasonable medical care." What is reasonable medical care? They're the ones who are telling you what's reasonable or not; not you and not your doctor. Their computer system calculates what is "reasonable" based on the severity of your property damage and the medical diagnosis. So, if you want the insurance company to determine what's reasonable, how much medical care is reasonable, how much a reasonable bill is, and how much was a reasonable length of time for you to go to the doctor, then do so. But if you want to leave the decision up to your medical doctor and you, then you probably need to get a lawyer to help you.

DOCUMENTATION, DOCUMENTATION, DOCUMENTATION

To the insurance company and to a jury, if it's not on paper it didn't happen. I spent four years in the army prior to doing personal injury law. The army documents everything, so if you're late to PT in the morning, they document it. If you go to sick call, they document it. Even your performance at work is documented, and when you get out, it's documented. In fact, when you get out of the army, they've got a huge file on you that covers everything. That's how a bodily injury claims process is handled: Everything needs to be documented, because if it's not documented, then it didn't happen.

If you go in front of a jury and say you were in pain for weeks and weeks, and it's not documented in the medical records, then it didn't happen. If you say your knee hurt for weeks after the accident, but the first time it's documented in the medical record is at six weeks after the accident, then that's the first time you had pain. Everything has to be documented, so when you go to your medical providers, tell them everything that hurts. Be specific and talk about the types of pain: Is it throb-

bing pain? Is it constant? Does it run? How does it feel? Be specific and tell them everything that hurts. If you're seeing your back doctor and your knee hurts, tell him your knee hurts, so that he can at least document it. He may not be able to treat it, but he can document it, and this will result in it being considered by the insurance company.

You also need documentation that you could not go to work. We ask for clients to document their mileage to go to and from the doctor, and we ask them to document their pain and suffering. I tell them go buy a cheap notebook at Wal-Mart. Then, every day after the accident, write about how you feel, write about what hurts, and write about what you couldn't do and the impact it had on you. The first reason is so that we'll have something to talk about with specifics to the insurance company about your injuries and what you could and couldn't do. Two, if we have to file a lawsuit in your case, years down the road you'll be able to read it and remember the impact the accident had on you. Three, if you have specifics, it's easier for us to get people who can testify about your injuries and the impact they had on you. If you talk about the fact that you missed your fishing trip with your

Uncle Joe, then we can call him as a witness and he can say, “Yeah, we had a trip scheduled, but we weren’t able to go.” The more documentation you have, the better able your attorney is to maximize your case. It’s always better to have too much documentation than too little. I can always take out, but I can’t make anything up. I can always tell you it’s not something we need, but if you don’t have it, I can’t look at it.

ABOUT THE AUTHOR

I am R. Shane Smith. I grew up in a military family and have lived all over the Eastern United States. After high school, I attended the University of Georgia for two years and then transferred to Georgia State in Atlanta, where I graduated magna cum laude in 1997. While there, I was in Army ROTC, serving on the Color Guard, Ranger Challenge, and as the company commander of my ROTC Company.

After receiving my Bachelor of Science degree in Criminal Justice, I attended Georgia State's College of Law, where I graduated cum laude in 2000. While there, I was active in the Student Trial Lawyers Association. I also interned with several prosecutors' offices and worked with Richard Hobbs, a local attorney in Fayetteville, and with the Fulton and Rockdale County DA offices as an intern. I married my wife, Holly, during my last year of law school.

After being admitted to the state bar, I entered the United State's Army Judge Advocate General's Corps. I served at Fort Campbell, Kentucky with the 101st Airborne (Air Assault) Division. While at Ft. Campbell, I at-

tended and graduated from the Army's Air Assault School, which qualified me to wear the Army Air Assault Wings on my uniform. I also was stationed at Fort Benning, where I once again served my country by defending its soldiers. While in the Army, I practiced criminal defense throughout the southeast. I have defended those accused of a wide range of charges, although I primarily focused my representation on those accused of serious sexual assault crimes. I also acted as the lead attorney on the only military homicide in my multi-state district during my tour.

After leaving the army, I moved back to Peachtree City, Georgia and began practicing personal injury law at a major firm in Atlanta. During this time, I handled more than 500 cases to completion; ranging from minor injuries to a serious tractor-trailer collision. I have represented people suffering from mild, soft tissue injuries to their backs and necks to severe broken bones requiring surgery to people who have undergone lumbar fusions, and even a client who had an amputation because of his injury. During this time, I represented numerous clients who were struck by drivers who were DUI or intoxicated, and I have helped many people who were pedestrians when they were struck by an automobile.

After working downtown for several years, I formed my own law firm to better represent my clients. I focus my practice on helping those who are injured through no fault of their own. I particularly enjoy helping clients who have been struck by drunk drivers receive the compensation they deserve. I have worked hard to develop contacts and relationships with many specialist doctors to help ensure that my clients can receive treatment, no matter how seriously they are injured.

In addition to practicing law, my wife and I are raising our two small children. I attend and am a member of Holy Trinity Church with my family. I am also a member of the Knights of Columbus, the Masons, and the Shriners.

My firm has continued to grow, and we now practice throughout most of the southeast and have relationships with many other law firms in states where we don't have lawyers.

ABOUT MY FIRM

I run a plaintiffs' personal injury law firm. My firm is focused on getting the best results possible for our clients, consistent with their wishes. Why do I say that? Because some clients don't want to file a lawsuit. There can be many reasons for this. For example:

1. They don't want to go through the hassle and in convenience of going to court.
2. They can't afford to wait for a jury trial verdict.
3. They're afraid of court.
4. They have a personal reason for avoiding a lawsuit. Maybe they have to work with the person who caused the accident and they'd rather not become confrontational enough to file a lawsuit. Maybe they're related to the person who caused the accident. You can have a brother who hit his own brother with the car accidentally, and they might be okay filing claims against the insurance companies but not want to mess up the family dynamics by filing an actual lawsuit. Whatever your reason, if you tell me you don't want to file a lawsuit, we're not going to file a lawsuit. So, we're going to get the best results we can for you, consistent with your wishes.

We don't do everything. As a matter of fact, we do very little when it comes to types of law. All we do is personal injury work. The only type of clients we look to have hire us are plaintiffs with personal injury cases. We represent no insurance companies. I've never represented an insurance company, and the reason is simple: It just doesn't fit with my ethical and personal beliefs. If you call me and tell me you're hurt, I'm going to believe that you're hurt. Until proven otherwise, I'm going to assume that you're telling the truth and try to get you the best results for your case. Insurance defense work isn't right for me, because I don't want to tear apart a case and try to find a reason not to pay someone and to try to say that an accident was actually their fault. That's why I represent the parties who were injured.

My staff and paralegals are trained to know about personal injury cases and to help you resolve your property damage as quickly and efficiently as possible so that you can get back in your car and get back to living your life as normally as you can while going to the doctor. I teach them to monitor your treatment so that at certain deadlines, you and I can talk specifically about how you're feeling and whether or not you are getting better. We also contact you every two weeks just to make sure

that there's not some issue that's popped up that you might need help with.

My staff and I attempt to return all phone calls within a 24-hour time period. You wouldn't think that would need to be mentioned by a lawyer talking about his firm; however, one of the major complaints of clients is that lawyers don't return their phone calls. We try to send written updates to you when major things are happening in your case, such as your demand has been mailed off to the insurance company or we received a first offer. We try to provide a lot of information to educate our clients on their personal injury cases; how to purchase insurance and what they should do in the future. If you're just looking for information, I would encourage you to go to my website: www.shanesmithlaw.com or www.hurt999.com. The website offers a lot of free information regarding personal injury claims, property damage, how to get your car fixed, etc...

If you call me and we agree that my firm is the best one to handle your case, there are multiple options on how we can start the case. Option number one (my least favorite) is to overnight the paperwork to you, which

includes contracts, a medical authorization and lost-wage form, accident report request, and any other documents I think that you need to sign. I'll overnight it; and you can overnight it back to me. I consider this to be very impersonal, and it also delays everything. Option number two (my favorite) is to get you into my office; then you and I have a sit-down, face-to-face meeting and go over your case in detail and then sign all the paperwork. Option number three is for me to send my investigator out to meet you to go over the paperwork and get it signed. I understand that sometimes you can't make it to the office, and sometimes I might be tied up in court. After meeting with my investigator, we can contact the insurance company and start working on your case.

In order to avoid unnecessary delays, we strive to order medical records as the case progresses, rather than at the very end. We order your emergency room records and your family care doctor's records as soon as you're no longer going there for treatment. Sometimes delays happen; we can't help that, however, we do believe that this practice will minimize the chances of things being held up due to missing medical records.

Once you're all done treating and we have all the records, our normal business practice is to get your demand mailed out within two weeks. This way, it goes to the insurance company quickly, so that we can begin negotiating and fighting for you on your case. Once the demand is mailed, our normal procedure is to call the insurance company in two weeks to make sure that they received it and inquire when they expect to be able to make an offer. Then we follow-up every week until we get a first offer, and that's when we'll begin negotiating and counter with them. My job as a lawyer is to get them to the maximum value they're going to put on a case without us filing a lawsuit. Once we get to that amount, I will then contact my clients, we'll discuss settlement, we'll go over their options, and we'll break down the amount of the medical bills and figure out what they would receive in their pocket if we settle the case. My clients will then make a decision on how they want to proceed.

Many lawyers have a list of jury verdicts and/or a list of settlement verdicts they've had. Sometimes they have million-dollar cases on there, and sometimes they have several-hundred-thousand-dollar cases on there. I advise against just looking at settlement verdicts. Some lawyers who only had one or two big cases focus on

those cases, and some lawyers just got lucky. You know, it's easy to get a \$100,000-policy-limit case when that's all the insurance a person has, and the person you represent lost their leg. That case is worth substantially more than that, but because the person only had insurance of \$100,000, you're only going to get a \$100,000 settlement offer, as long as the attorney doesn't screw the case up too much. Of course, lawyers like to list their million-dollar verdicts--just keep in mind that a great and easy way to get a one-million-dollar case is to screw up a five-million-dollar case. When evaluating any case, you need to know how familiar the lawyer is with your type of case. You handle a million-dollar case differently than you handle a back-and-neck-strain case. Settlement numbers don't really have anything at all to do with your case. Look for client testimonials instead. If you go to our website, we've got a whole lot of client testimonials. These are things our clients have actually said about us, and we've posted them on our website.

I hope you've enjoyed reading this book, and I hope it's provided you with some valuable information. I hope that you feel better about how to handle your personal injury and bodily injury claim. If you need further information, please feel free to contact me at 1-888-927-

6955. That's 770-HURT999. I'd be happy to talk to you about your case and give you some more advice, or maybe your case would benefit from representation by my law firm. You can also go to my website at www.shane-smithlaw.com or www.hurt999.com. Be sure to sample one of my other books by ordering it on my website, and I'll be happy to send it to you. Good luck!

THE TYPES OF CASES WE HANDLE

As I said, my office doesn't take every case. We operate solely on plaintiffs' personal

1. If you have minimal property damage to your vehicle, you and I need to discuss whether your case is appropriate for my law firm and whether we'll be able to support and document your injuries.
2. If you had a significant delay in seeking medical care, such as several weeks without going to the doctor, you and I need to discuss how we can best protect you and whether we can proceed with your case in an appropriate fashion.
3. Do you have less than six months to the statute of limitations? Unfortunately, I am not able to drop everything to file a lawsuit if you come to me in the last couple of days before your claim expires.
4. Do you have a personal injury case where it's not your fault? These are the types of cases we normally handle on a day-to-day basis in my office. If you have

something else and you need a referral to another lawyer, call us. I maintain an extensive network of lawyers, and I stay in contact with them. I'd be happy to refer you to someone who is qualified to help you.

CONCLUSION

I hope that this book has addressed many of your questions regarding property damage and your recent motor vehicle collision. If you have any other questions, please feel free to call us, and we would be happy to discuss them with you. My firm does not generally negotiate property damage claims. That said, if you have a serious question, please contact me and I will be happy to assist you in any way I can. We try to get the property damage portion of any claim resolved as quickly as possible, so that you can get closer to returning to your normal life. We know how difficult it is getting to and from a doctor or to and from work without a car. Just remember, the law requires the insurance company only to put you back into a similar vehicle. Rarely, if ever, is anyone happy from a property damage settlement. If lack of a vehicle makes it difficult for you to get to your doctor, please contact us and let us know. Also, please contact the doctor's office. Sometimes there is an alternative method of care that can be arranged.

We look forward to helping you with your personal injury case and will be glad to answer any questions you may have. Just remember: Never talk to the insurance company about your injuries. Call us first.

Sincerely,

R. Shane Smith

OTHER TITLES IN THE SERIES

What You Need to Know about Property Damage
DUI Victims' Rights

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