The Petrylaw Lawsuits Settlements and Injury Settlement Report

TRAUMATIC BRAIN INJURIES

How Minnesota Juries Decide the Value of Pain and Suffering in Brain Injury Cases

The Petrylaw Lawsuits Settlements and Injury Settlements Report provides facts and estimated ranges of value for specific Minnesota traumatic injuries. Often in trauma cases, many body parts are injured. As a result, the verdicts, settlements and case histories that you often hear discussed on the evening news, in the newspaper or among your friends do not help you determine the value of *your* injury when *you* have injured only one body part.

The Petrylaw Lawsuits Settlements and Injury Settlements Report is also designed to help you get answers to the following questions:

- How much money do Minnesota juries award for traumatic brain injuries
- How much money do Minnesota lawyers accept to settle cases
- What makes a brain injury's value in Minnesota go up or down
- Types of injuries in the low-range, mid-range and high-range of values
- Details from actual Minnesota brain injury cases
- Different types of traumatic brain injuries
- Accurate meanings of related medical terms
- Fine points of the brain's anatomy

Often, in cases involving brain injuries arising from slip/trip and fall trauma, car accident trauma or construction accidents, the victim has other injuries as well. These frequently include neck, shoulder, arm and leg fractures. Thus, it is very important that keep in mind that if you have suffered a traumatic injury to more than one part of your body, you should use the information in **The Petrylaw Lawsuits Settlements and Injury Settlements Report** as only a starting point. The value of your case could be much less or much more than the amounts discussed in **The Petrylaw Lawsuits Settlements and Injury Settlements Report**.

A typical Minnesota personal injury lawsuit is based upon a claim of negligence where you contend that someone else is responsible for causing your injuries. In this type of case, as the Plaintiff (or the person bringing the suit) you bear the burden of proving the following elements:

1. **Duty** – you must prove that Defendant (the party you are suing) had a duty to do something specific (examples – maintain a proper lookout when driving a car, obeying the posted speed limit, removing snow and ice within a reasonable period of time following the conclusion of a storm, or inspecting a floor in the produce section of a grocery store);

2. **Breach** – you must prove that the Defendant failed to perform the duty (examples – a driver texting on a cell phone instead of watching where he is driving, traveling at an excessive rate of speed, or allowing snow and ice to accumulate on a sidewalk well after a storm has ended);

3. **Cause** – you must prove that the Defendant's failure to perform the duty was the proximate cause of your injury. This means that you have to convince a jury that, for example, a driver's failure to maintain a safe distance between his or her car and yours caused their car to crash into your car and further caused you to suffer an injury. There can also be superseding causes or things that happen after someone else breaches a duty that either cause an injury or make the injury more severe than it would have been if the event that happened after the breach of duty had not occurred (example – your car gets hit broadside by a car that runs a red light. After the collision, a well meaning person sees that you are trapped in your car and tries to remove you from you car. In the process, he grabs your arm, without realizing that it is broken, and yanks on it causing even more damage to your arm).

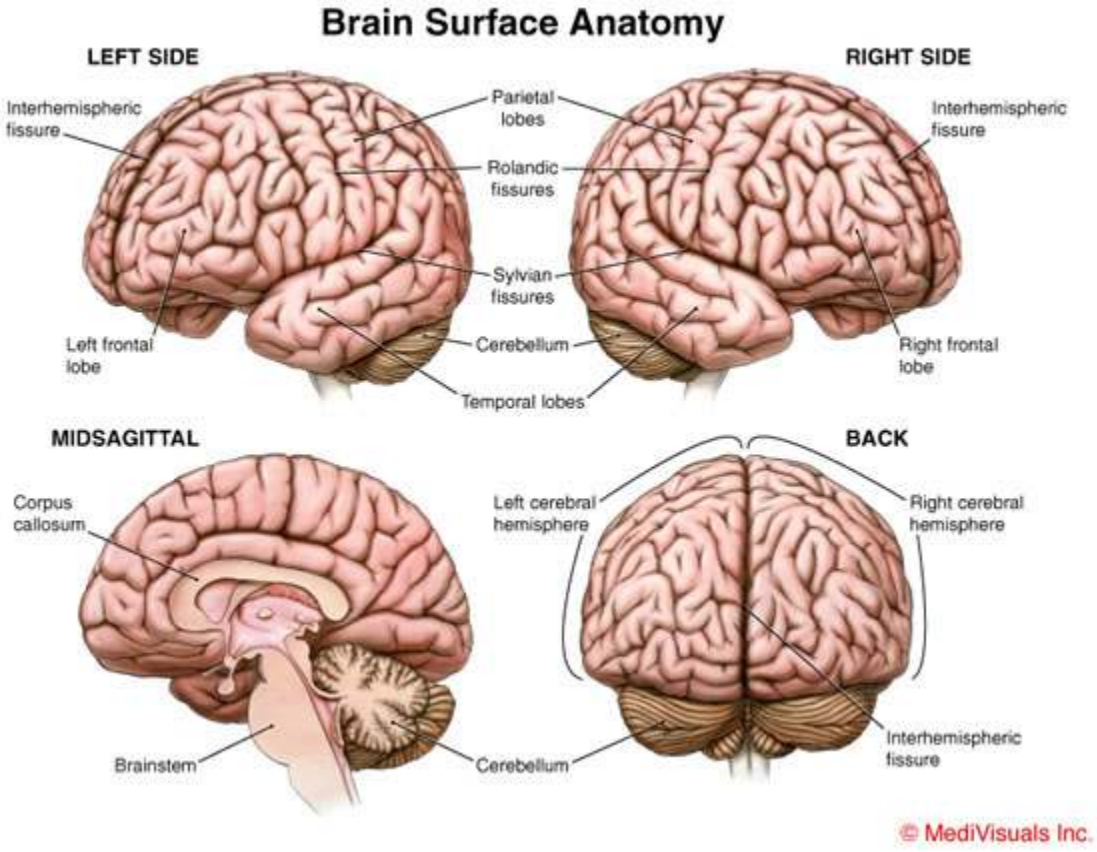
4. **Damages** – you must prove that you have been damaged as a result of the Defendant's conduct. Damages may include pain and suffering, lost wages, damage to property, and other special damages. You must prove your damages with certainty and not based upon speculation or what might happen. (Example – if you seek to prove that you are going to need future medical treatment, your doctor(s) will need to state that to a reasonable degree of medical certainty you will need specific medical treatment in the future and that the treatment will cost a certain amount).

While you are trying to prove these elements at trial, the Defendant(s) may raise the following defenses. Be assured that defendants have raised these defenses time and time again with great success in either limiting or denying plaintiffs' injury claims:

1. **Pre-existing injury** – The defendant contends that the plaintiff was injured before the accident and thus the accident did not cause your injury;
2. **Assumption of Risk** – The defendant contends, for example, that you knew of a dangerous condition and still walked on an icy sidewalk.
3. **Contributory Negligence** – The defendant contends that your negligence rather than his or hers caused your injuries.

Rick Petry will gladly meet with you to discuss and evaluate your injury case at no cost or obligation. Please call Rick at 612.339.4295 or 612.387.7229 for a free legal consultation.

Please keep in mind that the values discussed in this report are for **Minnesota Injury Cases** only. We tried to focus this report as much as possible on cases where there are not significant injuries in addition to the brain injury. The dollar amounts can be much higher when an injured person also incurs significant lost wages, significant medical expense payments and other so-called special or out of pocket damages or there are significant injuries to other parts of the body.



Definitions

Traumatic Brain Injury (TBI)
Damage to living brain tissue caused by an external, mechanical force. It is usually characterized by a period of altered consciousness (amnesia or coma) that can be very brief (minutes) or very long (months/indefinitely). The term does not include brain injuries that are caused by insufficient blood supply, toxic substances, malignancy, disease-producing organisms, congenital disorders, birth trauma or degenerative processes.

Traumatic brain injury can also occur when the head accelerates and then rapidly decelerates or collides with another object (for example, the windshield of a car) and brain tissue is damaged, not by the presence of a foreign object within the brain, but by violent smashing, stretching, and twisting of brain tissue. Closed brain injuries typically cause diffuse tissue damage that results in disabilities that are generalized and highly variable.

Brain Stem
The lower extension of the brain where it connects to the spinal cord. Neurological functions located in the brain stem include those necessary for survival (breathing, heart rate) and for arousal (being awake and alert).

Cognitive Rehabilitation
Therapy programs that aid persons in the management of specific problems in perception, memory, thinking and problem solving.

Coma
A state of unconsciousness from which the patient cannot be awakened or aroused, even by powerful stimulation; lack of any response to one's environment. Defined clinically as an inability to follow a one-step command consistently; Glasgow Coma Scale score of 8 or less.

Concussion
The common result of a blow to the head or sudden deceleration usually causing an altered mental state, either temporary or prolonged. Physiologic and/or anatomic disruption of connections between some nerve cells in the brain may occur. Often used by the public to refer to a brief loss of consciousness.

CT Scan/Computerized Axial Tomography
A series of X-rays taken at different levels of the brain that allow the direct visualization of the skull and intracranial structures. A scan is often taken soon after the injury to help decide if surgery is needed. The scan may be repeated later to see how the brain is recovering.

Glasgow Coma Scale
A standardized system used to assess the degree of brain impairment and to identify the seriousness of injury in relation to outcome. The system involves three determinants: eye opening, verbal responses and motor response, all of which are evaluated independently according to a numerical value that indicates the level of consciousness and degree of dysfunction. Scores run from a high of 15 to a low of 3. Persons are considered to have experienced a "mild" brain injury when their score is 13 to 15. A score of 9 to 12 reflects a "moderate" brain injury and a score of 8 or less reflects a "severe" brain injury.

Hematoma
The collection of blood in tissues or a space following rupture of a blood vessel.

Epidural: Outside the brain and its fibrous covering, the dura, but under the skull.
Subdural: Between the brain and its fibrous covering (dura).
Intracerebral: In the brain tissue.
Subarachnoid: Around the surfaces of the brain, between the dura and arachnoid membranes.

Magnetic Resonance Imaging (MRI)
A type of diagnostic radiography using electromagnetic energy to create an image of soft tissue, central nervous system and musculoskeletal systems.

Seizure
An uncontrolled discharge of nerve cells that may spread to other cells nearby or throughout the entire brain. It usually lasts only a few minutes. It may be associated with loss of consciousness, loss of bowel and bladder control, and tremors. May also cause aggression or other behavioral change.

Estimated value for Minnesota traumatic brain injury cases based on the circumstances described:

Low Range of Value for a Traumatic Brain Injury: $0 to $200,000

Your case could be valued in the $0 to $200,000 range when any or all of the following factors are present: When you experienced a minor traumatic impact; when there is no positive test finding on a CT, MRI or otherwise; when you did not lose consciousness or lapse into a coma; when you require only minor hospitalization or rehabilitation; when you do not need surgery; when there are measurable cognitive deficits; when you have a good recovery; and when your case would be tried in an area where juries are conservative in their awards.

.**Actual Case:** $ 0 – _____.

Actual Case: $50,000 -.

Actual Case: $_____ -.

Mid Range of Value for a Traumatic Brain Injury: $200,000 to $750,000

Your case could be valued in the $200,000 to $750,000 range when any or all of the following factors are present: When you experienced a significant impact or fall; when you were in a coma; when you were admitted to the hospital for a significant time, not just overnight; when you require surgery. When you require significant outpatient rehabilitation; and when your case would be tried in an area where juries are about average in their awards.

Actual Case: $100,000 - _____.

Actual Case: $300,000 - _____.

Actual Case: $360,000 - _____.

High Range of Value for a Traumatic Brain Injury: $1,000,000 to $7,000,000

Your case is often valued in the $1,000,000 to $7,000,000 range when any or all of the following factors are present: When you experience a huge impact or trauma at the scene; when you have at the accident scene significant visible open wounds to the head, including skull fractures; when you have at the accident scene a significant loss of consciousness, resulting in a coma of significant length; when you require extended hospitalization; when you require surgery; when you require many months of rehabilitation; when physicians agree you have significant cognitive deficits, such as memory loss and the inability to function in society.

Actual Case: $1,500,000 - _____.

Actual Case: $4,000,000 - _____.

Actual Case: $6,500,000 - _____.

Please feel free to either call or e-mail Rick to discuss your Injury Case!

I am a personal injury attorney – lawyer at the law firm Mansfield, Tanick & Cohen, P.A. in Minneapolis, Minnesota. If you have suffered a neck injury, you're invited to call me to discuss your injury case. I will ask questions about your injury and treatment and help you determine the value of your claim.

Call me at 612.339.4295 or 612.387.7229 or e-mail me at rpetry@mansfieldtanick.com.

I am fully committed to helping you receive fair and just compensation for your injury.

Sincerely,

Rick L. Petry, Esq.