



CLC & ASSOCIATES

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March 24, 2026

Jude Neighbor
State Farm Insurance
193 W. Milwaukee Ave
Waukegan, IL 60085

Re: Demand for Settlement

Claimant: Jane Doe

Date of Loss: August 10, 2025

Claim Number: 19804

Dear Mr. Neighbor,

I am writing on behalf of our client, Jane Doe, regarding the personal injury claim arising from the incident that occurred on August 10, 2025. As you are aware, on that date, Jane Doe was involved in an accident caused by your insured parties, John Smith and XYZ Corporation, at the intersection of Maple Street and 5th Avenue in Libertyville, Illinois. As a result of the negligence of John Smith and XYZ Corporation, Jane Doe sustained significant injuries that have had a profound impact on her life.

Statement of Facts:

On the morning of August 10, 2025, Jane Doe was lawfully driving her vehicle when John Smith, driving a delivery truck for XYZ Corporation as its employee, failed to yield the right of way to Ms. Doe and disregarded a solid red traffic control light, causing a collision with Ms. Doe's vehicle. The police report, witness statements, and physical evidence clearly establish that John Smith was at fault. There is no doubt that Ms. Doe was an innocent victim of this accident.

Injuries and Medical Treatment:

As a direct result of this accident, Jane Doe suffered a fractured wrist and whiplash. To date, Ms. Doe has incurred medical expenses totaling ten thousand dollars (\$10,000.00).

Economic Damages:

In addition to medical expenses, Ms. Doe has suffered a loss of income due to her inability to work during her recovery period. The total amount of lost wages is three thousand and five

hundred dollars (\$3,500.00). Ms. Doe also anticipates future medical expenses related to ongoing treatment, which are estimated to be five thousand dollars (\$5,000.00).

Pain and Suffering:

Beyond the tangible financial losses, Jane Doe has endured significant pain, suffering, and loss of normal life as a result of her injuries. Prior to this collision, Ms. Doe led an incredibly active and independent life as a working, athletic, mother of two. Central to her physical and mental wellbeing was her participation in a competitive co-ed volleyball league; however, her fractured wrist and restricted range of motion in her neck have limited her ability to engage fully in this activity, resulting in a significant loss of her primary fitness and social outlet. These physical limitations extend to her home life as well, where she is no longer able to engage in backyard sports or active play with her two young teenaged sons—a vital component of her parental bonding.

Furthermore, the injuries have limited Ms. Doe's daily autonomy. The labor of maintaining her household has become a source of chronic pain. Her whiplash injuries make the physical movement necessary for safe driving, particularly the cervical rotation needed for blind spot checks, nearly impossible, limiting her role as her family's primary driver. Ms. Doe continues to suffer pain in her dominant wrist that restricts her ability to perform even the most basic tasks at home and at work.

Perhaps most significantly, Ms. Doe continues to suffer from post-concussion syndrome as a result of whiplash, which has fundamentally altered her cognitive "normal." She suffers from persistent brain fog, light sensitivity, migraines, and intermittent vestibular imbalance. These have made it extraordinarily challenging to manage the digital demands of her professional and personal life, as well as to participate as a parent in her children's activities that take place in crowded, noisy, or bright environments. The combination of the preceding has destroyed Ms. Doe's ability to achieve restful sleep, leaving her in a cycle of chronic fatigue and pain that colors every "normal" aspect of her day-to-day existence.

Demand for Settlement:

Taking into account the medical expenses, lost wages, anticipated future costs, as well as the significant pain, suffering, and loss of normal life experienced by our client, we hereby demand a settlement in the amount of one hundred and eighteen thousand and five hundred dollars (\$118,500.00), as itemized below. This figure is a fair and reasonable reflection of the damages Jane Doe has sustained due to the negligence of your insured.

- Past Medical Expenses: \$10,000.00
- Past Lost Wages: \$3,500.00
- Estimated Future Treatment: \$5,000.00
- Non-Economic Damages: \$100,000.00
- **Total Settlement Demand: \$118,500.00**

Please respond to this demand within thirty days of the date of this letter. Failure to do so will leave us no choice but to pursue all available legal remedies on behalf of our client. We are open to discussing this matter further if you wish to resolve it without the need for litigation. Please contact me at your earliest convenience to discuss this demand.

Thank you for your prompt attention to this matter.

Sincerely,

Allison Hendrix
Paralegal
CLC & Associates, LLC

Cc: Atlas Lawson, Attorney at Law
Cc: Jane Doe