April 10, 2025

Government Employees Insurance Co.

Attention: Natasha Ludke, Uninsured Motorist Department

Phone: 863-940-6287

Fax: 202-354-5295

E-mail: flclaims@geico.com

**RE:       Our Clients** : **Shereen Hanna Yanni Edward**

**Your Insured           : Same**

**Claim No.           : 0647719810000001**

**Date of Accident     : October 28, 2023**

Dear Ms. Ludke,

This Settlement Demand Package is being sent to your attention in an attempt to amicably resolve this claim being presented by my client, Ms. Shereen Hanna Yanni Edward.

As you are aware, her claim arises from the injuries she sustained in an automobile accident that occurred on October 28, 2023, at approximately 10:54 P.M., on East Sunrise Boulevard in Fort Lauderdale, Florida.

1. **FACTS AND LIABILITY**

On October 28, 2023, at approximately 10:54 PM, my client, Ms. Shereen Hanna Yanni Edward, was operating a motor vehicle traveling northbound on Northeast 15th Avenue, approaching the intersection with East Sunrise Boulevard in the general-purpose through lane.

Concurrently, a third-party driver, Mr. Wilkins Clervin, was operating a vehicle traveling westbound on East Sunrise Boulevard, having exited from the parking lot located at 1515 E Sunrise Boulevard.

Suddenly and without warning, Mr. Clervin negligently traversed three lanes of traffic, ultimately entering the westbound left-turn lane. He then disregarded a red traffic signal, negligently re-

entered the through lanes, and collided with the front of Ms. Edward’s vehicle, causing substantial damage.

Although Ms. Edward was properly restrained with her seat belt and shoulder harness at the time of impact, the airbags deployed, and her body was forcefully jolted backward and forward within the compartment of her vehicle.

Due to the severity of the crash, Officer Nocholas Horn, ID No. 6734, of the Fort Lauderdale Police Department attended the scene and issued two citations to Mr. Wilkins Clervin for: violating Florida Statute Number 316.027-2A - Hit and Run and violating Florida Statute Number 316.192-3b1 - Reckless Driving.

Broward Fire and Rescue, Run No. FFL23102800048562, also attended the scene and transported Ms. Shereen Hanna Yanni Edward to Broward Medical Center’s Emergency Department.

Consequently, Ms Shereen Hanna Yanni Edward has been painfully and permanently injured.

**II. INJURIES AND DAMAGES**

Due to severe pain in her head, neck, and back, accompanied by throbbing pain in her left knee, Ms. Shereen Hanna Yanni Edward was evaluated at the scene by Broward Fire and Rescue (Run No. FFL23102800048562). She was documented as lethargic but alert and oriented, with initial vital signs revealing elevated blood pressure of 151/93 mmHg and a pulse of 122 bpm. After assessment for a suspected traumatic knee injury, Ms. Edward was transported via stretcher, positioned in semi-Fowler’s, to the Trauma Unit at Broward Health Medical Center in Fort Lauderdale, Florida.

Enclosed please find the fire and rescue report for your review.

Upon examination at Broward Health Medical Center, the attending physician, Dr. Ronald Yeh, M.D., diagnosed Ms. Edward with a closed head injury, cervical strain, thoracic and lumbar strain, contusions to the chest wall, right elbow, and left knee, as well as an abdominal contusion. X-rays and CT scans of the head, cervical, thoracic, and lumbar spine, chest, abdomen, right elbow, and left knee were performed.

Ms. Edward was prescribed Cyclobenzaprine 10 mg to be taken three times daily as needed for muscle pain, Ibuprofen 600 mg, Percocet 5 mg/325 mg, and Neosporin topical ointment. She was discharged the following day with instructions to follow up with her primary care physician or Dr. Jorge Gonzalez within three days for continued evaluation and care.

On November 8, 2023, Ms. Edward presented to Common Health for a comprehensive medical evaluation conducted by Dr. Frank Snipes, suffering with severe pain in her head, neck, back, chest, abdomen, right elbow, and left knee. Diagnostic X-rays were obtained, revealing a moderate rightward list of the cervical spine, rotation at the C2 vertebra, anterior skull translation, an atlas plane angle deviation of 2 degrees, and moderate right-sided antalgia. Additional radiographic findings included rotation of the spinous processes at T5, L1, L2, and L3, severe loss of the normal cervical lordotic curvature, and persistent moderate rightward antalgia.

Dr. Snipes prescribed Cyclobenzaprine 10 mg and Prednisone 10 mg and additionally referred Ms. Edward for a STAT optometric consultation due to her complaints of blurred vision. MRI studies were ordered to further evaluate spinal pathology, and a CT scan of the cervical spine was also requested.

On the same date, Ms. Edward underwent a cervical spine MRI at MRI Scan & Imaging Center, which confirmed cervical spondylosis at the C5-6 level, accompanied by mild spinal canal stenosis and mild-to-moderate bilateral foraminal stenosis, more pronounced on the left. A CT scan of the cervical spine performed at the same facility revealed severe narrowing—exceeding 90%—of the nondominant left internal jugular vein at the level of the transverse process of C1, in addition to the cervical spondylosis at C5-6.

Also on November 8, 2023, Ms. Edward sought chiropractic consultation with Dr. Jeff Middleton, D.C., at Lords Chiropractic in Fort Lauderdale, Florida, presenting with severe head, neck, and back pain. Dr. Middleton diagnosed her with post-concussion syndrome; sprains of the cervical, thoracic, and lumbar spinal ligaments; and subluxation of the C0/C1 cervical vertebrae. He prescribed a structured course of physical and occupational therapy to be completed three times per week over a four-week period, with re-evaluation to follow. Additionally, Dr. Middleton prescribed Clonidine HCL 0.1 mg, Cyclobenzaprine 5 mg, and Lisinopril 20 mg.

Ms. Edward commenced therapy on November 10, 2023, at Lords Chiropractic. Over the course of 12 physical therapy sessions, she underwent neuromuscular re-education targeting the cervical region, spinal adjustments at L5, C1, C5, T1, and T6, therapeutic exercises addressing lumbar region deficits, and targeted therapeutic activities focusing on the thoracic spine.

On December 20, 2023, Ms. Edward followed up with Lords Medical Group, where she was diagnosed with indirect head trauma accompanied by concussion and was advised to continue her ongoing physical therapy regimen. An MRI study was ordered to further evaluate her condition, and Cyclobenzaprine 5 mg was prescribed for symptomatic relief of persistent muscle spasms.

On January 18, 2024, Ms. Edward returned to Dr. Frank Snipes at Common Health for a follow-up evaluation suffering with diffuse muscle pain and aching, muscle weakness, joint and back pain, and significant fatigue. Upon physical examination, Dr. Snipes documented diffuse tenderness upon palpation. As part of her medication management, Ms. Edward was instructed to continue Clonidine HCL 0.1 mg and Lisinopril 20 mg, and Cyclobenzaprine 5 mg was initiated, prescribed twice daily as needed for muscle spasms.

Dr. Snipes ordered a comprehensive panel of laboratory studies, including antibody panels, inflammatory markers, metabolic panels, hormone level testing, and a breast MRI.

On February 16, 2024, Ms. Edward returned to Dr. Frank Snipes at Common Health for a follow-up evaluation addressing her persistent cervical and lumbar complaints, as well as her ongoing muscle pain. Upon examination, Dr. Snipes documented continued tenderness and musculoskeletal discomfort. He recommended the continuation of pain management, adjustments to her medication regimen, and follow-up diagnostic monitoring to appropriately manage her chronic condition.

On April 9, 2024, Ms. Edward underwent MRI studies of the cervical spine and brain at Stand-Up MRI of Fort Lauderdale. The cervical spine MRI demonstrated straightening of the normal lordotic curvature; a finding commonly associated with muscle spasm secondary to ligamentous injury. Notable pathological findings included posterior disc herniations at the C3-4 and C4-5 levels, resulting in impingement upon the thecal sac and mild spinal canal stenosis. At C5-6, a 3 mm inferior disc extrusion was observed, producing anterior spinal cord compression, while at C6-7, a left paracentral disc herniation further impinged on the thecal sac, contributing to additional mild stenosis.

The brain MRI revealed multiple T2 hyperintense lesions at the gray-white matter interface, with three lesions in the right frontal lobe and five contrecoup lesions in the left parietal lobe. The interpreting radiologist concluded that this imaging pattern was most consistent with diffuse axonal injury (shearing injury) secondary to traumatic brain injury, and a neurological consultation was strongly recommended.

On April 10, 2024, Ms. Edward returned to Stand-Up MRI of Fort Lauderdale for MRI studies of the thoracic and lumbar spines. The thoracic spine MRI revealed a reduction of the normal thoracic kyphotic curvature, indicative of muscle spasm secondary to ligamentous sprain and/or disc injury, along with posterior annular bulging at the T4-5, T5-6, and T6-7 levels, impinging upon the thecal sac.

The lumbar spine MRI demonstrated straightening of the normal lumbar lordosis and a 1.3 mm retrolisthesis of L5 on S1. At the L5-S1 level, a posterior central disc herniation and left paracentral disc protrusion with annular fissure and tearing produced moderate spinal canal stenosis and bilateral foraminal narrowing, more pronounced on the left. The interpreting physician concluded that these findings were consistent with an acute to subacute traumatic disc injury.

On May 22, 2024, Ms. Edward was evaluated at Common Health for follow-up regarding her chronic medical conditions and to review the results of recent consultative findings and diagnostic studies. During this visit, she was prescribed Lisinopril 20 mg and Sertraline 50 mg, and a lipid blood panel was obtained for further evaluation.

On June 13, 2024, Ms. Edward returned to Common Health for a comprehensive review of her MRI findings. Clinical impressions, diagnostic conclusions, and ongoing recommendations stemming from the prior imaging studies were discussed and incorporated into her treatment plan.

On July 15, 2024, Ms. Edward presented to Lords Chiropractic for a final examination with Dr. Jeff Middleton, D.C. Following his evaluation, Dr. Middleton opined, within a reasonable degree of medical probability, that Ms. Edward had sustained permanent injuries as a direct result of her October 28, 2023, motor vehicle collision.

Dr. Middleton concluded that future interventional procedures, injection-based treatments, and physician-assisted therapy would be necessary to manage Ms. Edward’s ongoing pain symptoms. In accordance with the American Medical Association’s Guides to the Evaluation of Permanent Impairment, Fifth Edition, Dr. Middleton assigned Ms. Edward a permanent impairment rating of 3%.

On September 16, 2024, Ms. Edward was again evaluated at Common Health, where she reported worsening symptoms, including pain radiating down both legs. She was promptly referred to neurosurgeon Dr. John Coats, M.D., for a comprehensive neurosurgical consultation. At that time, Dr. Frank Snipes opined that Ms. Edward’s chronic back pain was unlikely to resolve without surgical intervention.

On October 1, 2024, Ms. Edward presented to Neurological Surgery Associates and underwent a comprehensive neurological evaluation by Dr. John Coats. Following his assessment, Dr. Coats diagnosed her with cervical disc herniation with radiculopathy, cervical strain injury, thoracic strain injury, lumbar disc herniation with radiculopathy, lumbar strain injury, and post-concussion syndrome. He recommended the continuation of conservative management, including ongoing physical therapy, and advised consideration of interventional pain management measures such as injections, with follow-up appointments to be scheduled as clinically indicated.

On November 7, 2024, Ms. Edward returned to Common Health for follow-up, reporting concerns related to declining memory function. Dr. Frank Snipes opined that Ms. Edward’s injuries were permanent in nature and would require ongoing interventional care and long-term management, and accordingly referred her to a specialist for further evaluation.

On December 23, 2024, Ms. Edward was evaluated at Synapse Neurology by Dr. David Kheradyar, M.D., where she presented suffering with severe back pain and debilitating migraines. Following a thorough neurological examination, Dr. Kheradyar referred Ms. Edward for MRI studies and scheduled a follow-up appointment in two months to review the results and determine the appropriate next steps in her neurological care plan.

On January 8, 2025, Ms. Edward underwent MRI studies of the lumbar and cervical spines at Mink Advanced Imaging – Marina Del Rey Admiralty. The lumbar spine MRI revealed a left central 6 mm disc extrusion at the L5-S1 level, encroaching upon the ventral epidural space and the origin of the left S1 nerve root, resulting in mild central stenosis. The cervical spine MRI demonstrated a disc protrusion at C5-6 with vertebral hypertrophy, producing mild-to-moderate central and foraminal stenosis, as well as a disc protrusion at C6-7 without compromise of the neural elements.

On January 20, 2025, Ms. Edward underwent a brain MRI at Mink Advanced Imaging, which revealed a few small punctate foci of nonspecific white matter changes, likely microvascular in nature. Although these findings were not directly traumatic, they were carefully reviewed by her treating physicians to ensure no complicating neurological deficits related to her post-concussion symptoms and cognitive complaints, thereby reinforcing the need for continued neurological monitoring and follow-up.

On March 5, 2025, Ms. Edward returned to Synapse Neurology for evaluation of radiculopathy and neuropathy. During this visit, Dr. David Kheradyar performed nerve conduction studies and electromyography (EMG) of both the upper and lower extremities, which revealed mild chronic bilateral L5-S1 radiculopathy, slightly worse on the right. Dr. Kheradyar emphasized the importance of clinical correlation, recommended ongoing neurological follow-up to manage her symptoms, and confirmed the chronic and progressive nature of the injuries stemming from the October 28, 2023, motor vehicle collision.

Enclosed, please find the medical and procedural notes for your review.

An itemized tabulation is listed below for your review:

Broward Medical Center $33,153.40

Stand-up MRI of Fort Lauderdale $ 6,400.00

Lords Chiropractic $ 4,666.00

Phoenix ED Med of Broward LLC $ 1,778.00

City of Fort Lauderdale Fire and Rescue $ 1,002.00

Premier Healthcare Centers, LLC $ 1,070.13

MRI Scan and Imaging Center $ 831.28

Neurological Surgery Associates $ 575.00

Lords Medical Group $ 300.00

Firstpath LLC $ 297.86

Mink Advanced Imaging – Marina Del Ray Admiralty $ \*\*\*

Synapse Neurology $ \*\*\*

1. **IN SUMMARY**

My client, Ms. Shereen Hanna Yanni Edward, is a 54-year-old woman who has been compelled to place her life on hold while undergoing extensive medical care, including a prescribed course of twelve sessions of physical therapy, neurological evaluations, and diagnostic testing. She continues to suffer with persistent pain in her head, neck, and back, as well as debilitating neurological and musculoskeletal symptoms—all directly resulting from the motor vehicle accident that occurred on October 28, 2023.

Importantly, Ms. Edward has a documented history of fibromyalgia, a chronic medical condition marked by widespread pain, fatigue, and cognitive difficulties. While this preexisting diagnosis is unrelated to the subject motor vehicle accident, the trauma she sustained on October 28, 2023, has markedly exacerbated her underlying condition—resulting in heightened physical pain, increased functional limitations, and significant emotional distress. Pursuant to well-established Florida law, including the eggshell plaintiff doctrine, the exacerbation or acceleration of a preexisting medical condition is fully compensable and must be accounted for in the calculation of damages. The defendant is legally responsible for all consequences flowing from the injury, even if those effects are more severe due to Ms. Edward’s particular vulnerabilities.

Ms. Edward’s injuries have substantially impaired her ability to perform work-related tasks, caused considerable emotional hardship, and diminished her overall quality of life. Based on the evaluations and opinions of her treating physicians, it is anticipated that she will require ongoing physician-assisted therapy, including pain management, prescription medications, injection-based treatments, and potentially surgical intervention. The projected costs of outpatient therapy, interventional procedures, and possible surgical care, as detailed herein, represent a significant financial burden that extends well into the future.

As a result of her ongoing physical pain and functional impairments, Ms. Edward faces continued medical care needs that impose substantial financial strain. Beyond her physical suffering, she has endured profound emotional hardship, a marked loss of earning capacity, and a substantial diminishment in her overall quality of life. These damages not only encompass her past and present losses but also extend to projected future medical expenses, long-term rehabilitative interventions, and permanent lifestyle alterations necessitated by the chronic nature of her injuries.

The approximate costs of outpatient-based therapy, conducted three times per week over a period of four to six weeks, are estimated at $100 to $125 per session. Future physician evaluations are projected at approximately $300 to $350 per follow-up visit. Additional diagnostic imaging, including X-rays, is estimated at $125 to $150 per study, while MRI imaging is expected to range from $1,600 to $2,500 per study. Furthermore, the cost of interventional pain management procedures, including injections administered two to three times per year, is estimated at approximately $4,000 to $15,000 per injection.

In addition, the anticipated costs of surgical intervention could reach as high as $40,000. These estimates include facility fees ranging from $15,000 to $19,000; surgeon fees between $8,995 and $22,490; anesthesia fees ranging from $2,800 to $5,000; and post-operative physical therapy costs of approximately $4,000 per month for two months, totaling $8,000.

Given that Ms. Edward’s life has been substantially affected, inconvenienced, and burdened with pain and suffering through no fault of her own, we hereby demand the immediate tender of your uninsured motorist policy limits of $100,000.00 (One Hundred Thousand Dollars), plus any applicable additional bodily injury and/or umbrella coverage, within 30 days from the date of your receipt of this Demand Package.

Your settlement check should be made payable to the Cecere Santana Trust Account for the benefit of my client. My Tax ID number is 57-1213451.

We look forward to your prompt attention to this matter and appreciate your cooperation.

**J. ERICK SANTANA, ESQ., P.A.**

*JES/jch*

*Encl*