According to the police report it was daylight, clear and the roadway was dry. The speed limits on SW 2nd Ave. and SW 7th St. were 30 mph.

Mr. Suber, deposed on July 11, 2023, testified that he had left work, was on his way home, was going about 25-30 mph, and had not yet reached the roundabout when he saw the Hyundai coming from his left and it was making a turn. The Hyundai appeared to be going really fast, it was “flying” at about 45-50 mph. He veered to the right as much as possible without hitting any other vehicles, slammed on his brakes, and he slid a little bit. The front of the Hyundai struck the door panel on the driver’s side of his truck and “mushed” it in. He did not know if the damage on the driver’s side front bumper seen in the photos was involved or if it was old damage.

In medical records (Medig, dated 10/25/22) he told providers that he was traveling at about 35-40 mph when the driver of a Hyundai suddenly moved forward from a side road on his left and collided with the middle of the driver’s side of his Chevrolet. Both of his arms and legs were braced for the crash and his head was facing straight ahead. His head hit the headrest and his right knee hit the center console during the impact.

Mr. Rine, deposed on October 2, 2023, testified that he was going down 7th St. and came to a stop at the stop sign at the intersection with 2nd Ave. and intended to make a left turn onto 7th St. He believed that he looked both ways and began to make his left turn when he heard beeping and then the impact occurred. He did not know why he did not see the Chevrolet prior to the collision but thought maybe the Chevrolet was going fast or he just simply missed seeing it. He did not have a speed estimate for the Chevrolet and estimated his speed as “pretty slow”, about 20-25 mph, and had only gone about 15 feet from the stop sign when the collision occurred. The right front side of his car was hit by the driver’s side of the Chevrolet, and it was not a significant impact. Even though he did not see the Chevrolet prior to the collision, he felt that it had swerved to its right prior to the collision and the right front tire may have gone up onto the sidewalk.

Dr. Potma, deposed on May 8, 2024, testified that she completed a biomechanical analysis of the subject crash and relied on the crash reconstruction information completed and provided by Mr. Bradshaw, which she agreed with, as well as crash test studies involving live human volunteers, crash test dummies, and cadavers to reach her conclusions. The impact force was directed to the left side of the Chevrolet, it was primarily lateral, and the maximum delta V was 4 mph. The impact was considered a sideswipe, and it was a shallow-angle impact. A mechanism of injury for traumatic injury to the TMJ’s was not present in the subject crash and it was unlikely that Mr. Suber’s right TMJ made any direct contact with the interior of the vehicle because his primary occupant motion was leftward. Traumatic disc herniation involves hyperflexion with significant compressive force. The mechanism for disc herniation was not present in the subject crash. The same requirement is true related to pre-existing degeneration. She calculated the compressive loads for the cervical and lumbar spines and comparted them to those associated with activities of daily living such as coughing, standing from a seated position, sitting down, sneezing, running into an abrupt stop, falling into a soft chair, skipping rope, plopping into an office chair, and hopping down from a step. She could not entirely exclude the possibility of Mr. Suber’s left elbow making contact with the left side of the vehicle interior, but had it done so it would be considered minor and not expected to result in significant loads or injury. Since the primary occupant motion for Mr. Suber would be to the left there would have not been any expectation that his knees would have gone forward into the dashboard or knee bolster. There was no mechanism of injury to cause a sprain injury to the knees in the subject crash. There was no mechanism of injury for a traumatic tear or sprain to Mr. Suber’s shoulder in the subject crash, however, minor contact cannot be excluded. The mechanism of temporary muscle strains and ligament sprains of the wrists cannot be entirely excluded from the subject crash. Mr. Suber testified that he did avoidance steering which resulted in the potential of those types of injuries. Mr. Suber experienced a 4 mph delta V, a vertical acceleration of 1 g or less and a horizontal acceleration of about 4 or 5 g’s.

Mr. Bradshaw, deposed on May 7, 2024, testified that his entire involvement in the case was to determine the change in speed of the Chevrolet. It was his opinion that the delta V of the Chevrolet due to contact with the Hyundai was 4 mph or less. The average acceleration of the Chevrolet due to the contact was estimated to be less than 1.8 g’s. He based that on the change in speed over the estimated time of contact. The estimated time of contact he used was based on the typical duration of contact of .15 seconds. Since the subject crash involved sliding contact the involved time could be longer. The force on the Chevrolet was primarily in the forward direction, but there was some amount of lateral force involved as well. The damage on both vehicles was consistent with a sideswipe and the involved forces were primarily along the direction of the Chevrolet, but also primarily along the direction of the side of the Hyundai. This showed that sliding contact was involved and it wasn’t an interaction where the Hyundai continued to travel into the side of the Chevrolet. The evidence indicated that both vehicles were traveling somewhat in the same eastbound direction during the time the damage was caused. He did not calculate the pre-impact speed of either vehicle because he did not have enough information to do so. He performed a crush analysis, and the crush measurements were estimated based on the provided photographs. He also compared the damage on both vehicles with similar damages to similar vehicles in other similar crashes. He did not perform a momentum analysis. He did not have any opinion on the forces required to cause an injury in this case. He was not able to determine which vehicle was going faster based on the damage involved. If the Chevrolet was going faster the acceleration would have been a rearward acceleration and if the Hyundai was going faster, it would have been a forward acceleration.

Dr. Fox, deposed on May 7, 2024, testified that he was an anesthesiologist that subspecializes in interventional pain medicine. He was not offering any radiologic, billing coding, life care planning, or vocation expert opinions in the case. His opinion was that Mr. Suber’s initial diagnosis in the emergency room of muscle spasm justified 4-6 weeks of conservative care. Mr. Suber had a subsequent slip and fall injury about one month after the subject crash which involved a trip to the emergency room and his condition was determined to have been aggravated by the slip and fall. Mr. Suber’s heart rate and blood pressure taken during the physical examination at the ER after the subject crash was not indicative of someone in pain. His vital signs taken during the physical examination at the ER after the slip and fall injury did indicate a pain response. He did not correlate the subject crash with the cervical epidural steroid injection Mr. Suber received, Mr. Suber was not a candidate for any additional diagnostic studies or treatment related to the subject crash and he did not suffer a permanent injury. His working diagnosis of Mr. Suber was myofascial pain and sprain/strain injury which was accurately diagnosed in the ER. He did not believe that the subject crash made Mr. Suber more susceptible to further injury in his slip and fall incident a month later.

Dr. Barnes, deposed on May 8, 2024, testified that the only opinions he was going to give in the case involved the MRI/imaging of the lumbar spine (12/12/22), the cervical spine (12/12/22), the left shoulder (4/7/23) and the right knee (4/7/23):

* Lumbar spine
  + There were no acute fractures, no loss of vertebral body height, no spinal cord injury, no epidural fluid collection or hematoma compression on any level, and no ligamentous edema.
  + He did not agree with the Titan MRI report wherein it said that there was a broad-base posterior protrusion-type disc herniation at the L4-5 level.
* Cervical spine
  + There were no fractures, no bone marrow edema, no ligamentous edema or any sort of edema or signal abnormality of the spinal cord. There were degenerative changes and disc desiccation at every level. Abnormalities were seen at C5-C7 and included moderate central canal stenosis and moderate to severe foraminal stenosis. At the C5-6 level, disc osteophyte complex was present that abutted the thecal sac and deformed the spinal cord. There were similar findings at the C6-7 level as well. He did not see any disc herniations.
* Left shoulder
  + A partial thickness tear of the supraspinatus tendon was present which was interstitial and not articular-sided, and may, or may not, be related to trauma.
* Based on the imaging, the cervical spine was more abnormal than the lumber spine, but neither were post-traumatic given the level and age of degeneration.
* There is no real data that shows that a degenerated spine is more susceptible to injury than a non-degenerated one.
* No discussion of his opinions about the right knee were made.

The police report, authored by Police Service Technician Artis, said that Mr. Rine was making a left turn onto SW 2nd Ave. from SW 7th, did not see Mr. Suber’s Chevrolet and the front passenger fender of the Hyundai struck the rear driver side fender of the Chevrolet. The speed estimates for both vehicles were 30 mph.

*EDR download data-Chevrolet*

The Airbag Control Module was imaged on May 3, 2024, by Jeff Bradshaw (Rimkus).

* The VIN was confirmed.
* There were no recorded events.
* The data limitations did not indicate the requirements for a non-deployment or a deployment event to occur.