



Paul Ticen Law

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# ChatGPT Intake Demo (ZZ)

Example: Getting structured analysis plan before reviewing documents

You

## Prompt

**ZZ File Review. I'm reviewing a potential new personal injury file with an extensive history. I'm concerned that this is a low speed collision without a sufficient mechanism of injury that makes proving causation nearly impossible. I'm going to upload the property damage estimate. I'm going to indicate what type of vehicle rear-ended the potential new client. I'm also going to identify the type of injuries and how they allegedly occurred. Curious for your analysis and insight. Sound good?**

ChatGPT

## Response (condensed)

That sounds good. Go ahead and upload the property damage estimate and share the vehicle type, injury allegations, and how they're claimed to have occurred. Once I see the documentation and details, I'll give you a structured analysis — including:

Mechanism of Injury & Biomechanics (whether the impact plausibly caused the claimed injuries).

Property Damage Correlation (severity of impact vs. injury allegations).

Causation Hurdles (how a defense/adjuster would attack causation, including low-impact arguments).

Potential Counterpoints (how you might argue aggravation of pre-existing conditions, delayed onset, or medical support).

Litigation/Settlement Value Considerations (is this a file worth taking on, or likely a fight you can't win).

Upload when ready, and I'll break it down for you.



# ChatGPT Intake Demo (ZZ)

Example: Vehicle mismatch & mechanism of injury

You

## Prompt

- Up-loaded redacted property damage estimate for a 2017 VW Jetta) with a repair estimate of \$1,320UV).
- The vehicle that rear-ended the jetta was a 2004 GMC Yukon

ChatGPT

## Response (condensed)

Vehicle mismatch analysis:

- Yukon (~5,500 lbs) vs. Jetta (~3,000 lbs).
- Even with modest repairs, mass disparity can increase occupant acceleration.
- Adjusters focus on repair cost; mismatch is a key biomechanical counterpoint.

Mechanism reconsidered (high level):

- Delta-V could plausibly be ~5–10 mph at low speeds (soft-tissue possible in susceptible people).
- Jetta bumper systems are designed for ~5 mph “no damage”; visible repairs suggest impact exceeded that.
- Rear-impact kinematics: torso motion + neck extension/flexion; height mismatch may affect ride-down forces.



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# ChatGPT Intake Demo (ZZ)

Example: Plausible injuries, defense themes, and strengthening the file

You

## Prompt

Given mismatch + low visible damage:

- What injuries are plausible vs hard to prove?
- What will the carrier/defense argue?

ChatGPT

## Response (condensed)

Injury plausibility:

- Cervical/lumbar strain — plausible; early documentation helps.
- Disc herniation/radiculopathy — harder; needs clean priors + imaging correlation + strong treater.
- Concussion — difficult without head impact or immediate neuro symptoms documented.

Defense/carrier counterarguments:

- “\$1,300 damage = no mechanism” (MIST).
- Modeled delta-V under threshold.
- Energy absorbed by bumper systems.
- Degeneration/pre-existing alternative causation.

Follow-up to dial value: What injuries are claimed, and when did treatment begin?



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# ChatGPT Intake Demo (ZZ)

Example: Deposition transcript → causation-oriented summary

You

## Prompt

Uploaded ZZ's redacted deposition transcript.  
Please analyze testimony re causation concerns (low PD / low-speed rear-end).  
Summarize mechanism, claimed injuries, and treatment course.

ChatGPT

## Response (condensed)

Alleged mechanism:

- Rear-ended while stopped by a GMC Yukon.
- Testimony: knee hit steering column; body jolted; shock for days.
- Vehicle mismatch emphasized (Yukon vs. Jetta).

Claimed injuries & symptoms:

- Aggravation: 2014 Disney right-sided issues (neck/knee/thumb); "almost fully recovered" by 3/3/20.
- New: right hip pain; collarbone "pushed forward" (Dr. Novak).
- Ongoing: neck worst; knee pain (cartilage/injections); secondary shoulder/elbow.
- Function: exercise/yard work/desk work aggravate symptoms.

Treatment course:

- First care at Midwestern within days (COVID delays).
- Ongoing OMM (Devine) + specialists + injections; pain mgmt referenced.



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# ChatGPT Intake Demo (ZZ)

Example: Strengths vs weaknesses + posture for valuation

You

## Prompt

From the deposition summary:

- Best causation points?
- Main defense vulnerabilities?
- “Clean” case or contested?

ChatGPT

## Response (condensed)

Causation strengths:

- SUV–sedan mismatch supports some force transfer.
- Knee contact testimony + immediate stress/shock.
- “New” claims (hip/collarbone) help differentiate baseline.
- Treater baseline near crash supports aggravation theory.
- Consistent treatment history post-collision.

Defense vulnerabilities / themes:

- Extensive pre-existing conditions + prior imaging.
- No ambulance/ER same day; TSA appointment; drove away.
- Low repair cost = MIST optics.
- COVID gaps → urgency/delay attack.
- Many complaints subjective vs limited objective findings.

My take: not a clean causation case; best lane is aggravation + truly new findings; keep damages realistic.



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# ChatGPT Intake Demo (ZZ)

Example: Treating rebuttal vs defense review — pre-MVA baseline framing

You

## Prompt

Does Dr. D address pre-MVA history?  
How does his framing differ from Dr. W's defense review?  
Summarize the key contrasts.

ChatGPT

## Response (condensed)

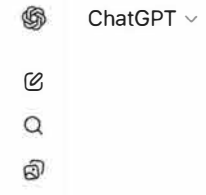
Devine addresses pre-MVA history but frames it as a stable baseline:

- 2014 Disney fall → patellar bruising/tracking + MCL/patellar ligament strain.
- 3/3/20 exam (≈2 wks pre-MVA): knee stable/functional, ~95% recovered; minimal residual irritation; no ortho care recommended.
- Cervical spondylosis/disc issues existed but “stable/non-surgical” pre-crash.
- Baseline expectation: ~3–4 Osteopathic Manipulative Medicine (“OMM”) visits/year for maintenance.

Framing contrast:

- Dr. D: “recovered/stable → disrupted by crash” (supports aggravation/new pathology narrative).
- Dr. W: longstanding degeneration/pre-existing disease → crash caused only minor strain/contusion.

Offer: side-by-side Dr. D vs Dr. W chart for litigation/valuation.



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Please go through all the materials and prior prompts and analysis. What is the potential client's alleged neck injury and symptoms from the March 19, 2020 MVA. What is the potential client's alleged right knee injury from the March 19, 2020 MVA. What other injuries is the potential client alleging was caused by the March 19, 2020 MVA. Next, what is Dr. D opining on these alleged injuries. What is Dr. W opining. What do the disclosure statements say? What is the probability of establishing causation (mechanism of injury) given the nature and type of the crash. Consider her susceptibility to injury.

Thought for 1m 43s

Got it—here's a tight, evidence-backed roll-up from your materials, then my take on causation probability given the low-speed rear-end.

### Allegations (from your client's side)

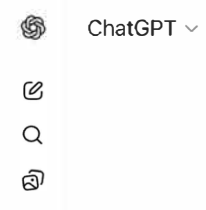
#### Neck (cervical)

- Reports of ongoing neck pain aggravated by desk work and daily activities since the crash; treating providers expected to testify pain and treatment are related to the incident.
  - Claimant Disclosure Statement\_R...
  - Claimant Disclosure Statement\_R...
- Later medical chronology in the disclosure indicates repeated OMM visits with Devine; imaging in 2021 was ordered because of neck pain radiating into the arm (noted elsewhere in your file set). The disclosure's narrative ties cervical myofascial strain to seat-belt loading in the crash.
  - Claimant Disclosure Statement\_R...
  - Claimant Disclosure Statement\_R...

#### Right knee

- Client testified her "knee hit the steering column" during the impact.
  - EB Dep Transcript\_Redacted
- Post-MVA knee complaints include anterior/medial pain; various orthopedists debated meniscal pathology vs. patellofemoral/chondral pain.
  - Wilimink MRR Report\_Redacted
  - Dr. Wilimink MRR Report\_Redacted

Ask anything + GPT-5 Thinking



### Right knee

- Client testified her "knee hit the steering column" during the impact. EB Dep Transcript\_Redacted
- Post-MVA knee complaints include anterior/medial pain; various orthopedists debated meniscal pathology vs. patellofemoral/chondral pain. Dr. Wilmink MRR Report\_Redacted Dr. Wilmink MRR Report\_Redacted
- Treating provider Gruber (8/25/21) noted point tenderness at the patellar tendon with MRI language of partial patellar-tendon tear and partial ACL changes; discussed possible patellar-tendon debridement. Claimant Disclosure Statement\_R...

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### Other body parts claimed

- Initial post-crash OMM visit (3/24/20) documented acute pain in right suboccipital/occipital region, right shoulder girdle, upper thoracic, right lumbosacral, right hip, right knee, and right ankle; later notes mention right clavicular/pectoral and groin/pectineus pain. Claimant Disclosure Statement\_R...  
Claimant Disclosure Statement\_R...

### Dr. D's opinions (treating OMM)

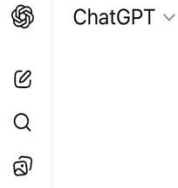
- Says the 3/19/20 MVA exacerbated prior conditions; asserts **partial ACL tear** and **patellar-ligament injury** on the right knee; believes cervical and knee findings progressed vs. pre-MVA, resistant to conservative care, and supports **regenerative injections** over surgery. EB - Devine Rebuttal\_Redacted  
EB - Devine Rebuttal\_Redacted
- Disagrees with defense RME's "3-month recovery" and "no future care" views. EB - Devine Rebuttal\_Redacted

### Dr. W's opinions (defense records review, 7/25/24)

- **Injuries caused by the crash:** right knee contusion, right shoulder strain, cervical strain, lumbar strain—no permanent injury. Dr. Wilmink MRR Report\_Redacted Dr. Wilmink MRR Report\_Redacted
- **Preexisting disease in the right knee and cervical spine;** 2011 cervical MRI already showed significant C5-6 herniation with multilevel degeneration progressing by 2021. Dr. Wilmink MRR Report\_Redacted Dr. Wilmink MRR Report\_Redacted
- Mechanism **not of sufficient force** to cause m...han sprain/contusion; **no future medical care necessary;** treatment after ~3 months **not necessary.** Dr. Wilmink MRR Report\_Redacted

Ask anything

+ GPT-5 Thinking



## What the disclosure statements say

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### Claimant's disclosure

- Lays out a broad injury list (neck/shoulder/torso/hip/knee/ankle), ongoing treatment, and future knee injections (PRP/visco) with claimed future costs. Claimant Disclosure Statement\_R...
- Provides detailed billing chronology for imaging and ortho/PT providers. Claimant Disclosure Statement\_R...

### Respondent's (Farmers) disclosure

- Reserves **biomechanics** and other experts; will use repair estimates, photos, and RME/ACR materials; denies damages (not seeking their own). Rsp's IDS\_Redacted Rsp's IDS\_Redacted

## Crash severity/mechanism context

- Client was **stopped at a red light**, foot on brake, struck in the **right-rear bumper** by a Yukon SUV; she was belted and reports **knee-to-column contact**. EB Dep Transcript\_Redacted EB Dep Transcript\_Redacted EB Dep Transcript\_Redacted
- Property damage** is light, with a **net repair cost of \$1,320.36** (rear bumper cover repair/paint, minor supports). This supports a **low-speed impact profile**. EB Property Damage Estimate\_Red...

## Pre-MVA susceptibility (right knee & neck)

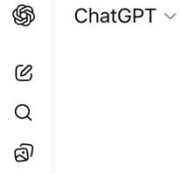
- Defense reviewer documents **preexisting right knee disease** including **prior arthroscopy** and patellofemoral issues; notes patient **admitted medial knee pain before the accident**. Dr. Wilimink MRR Report\_Redacted Dr. Wilimink MRR Report\_Redacted
- Cervical spine showed **significant degenerative disc disease** and **C5-6 herniation** as far back as 2011, with **progression by 2021**. Dr. Wilimink MRR Report\_Redacted

## My probability call on causation (mechanism) given low-speed rear-end + susceptibility

Ask anything

+ GPT-5 Thinking





### My probability call on causation (mechanism) given low-speed rear-end + susceptibility

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#### Right knee

- **What fits the mechanism:** In a belted, foot-on-brake rear-end, a brief pelvis/torso rebound can plausibly bring the **anterior knee** into the lower steering column or dash cross-knee area, producing a **contusion** and short-lived flare of **patellofemoral symptoms**—especially in someone with **preexisting patellofemoral pathology**. That matches the **exam-documented anterior/peripatellar tenderness** and the treating providers' nonoperative course. Dr. Wilimink MRR Report\_Redacted
- **What likely does not fit well at this severity:** A **traumatic partial ACL** and **partial patellar-tendon tear** are **biomechanically unlikely** in a low delta-V impact without classic imaging correlates (effusion, bone bruise, clear fiber disruption) and where multiple orthopedists doubted surgical pathology and pointed to patellofemoral pain patterns instead. Defense reviewer explicitly calls the knee MRI "unremarkable" relative to the pain location. Dr. Wilimink MRR Report\_Redacted

#### Knee causation probabilities (my opinion, civil standard)

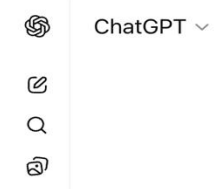
- **Acute knee contusion / pain flare** attributable to MVA: ~55–70% (**more likely than not**).
- **Permanent structural knee injury (partial ACL / patellar-tendon tear)** caused by this MVA: ~15–30% (**unlikely**).
  - Rationale: low repair cost, low-speed geometry, preexisting knee disease, and treating orthos' conservative plans weigh against acute ligament/tendon tearing here.EB Property Damage Estimate\_Redacted Dr. Wilimink MRR Report\_Redacted

#### Neck (cervical)

- **What fits the mechanism:** A **cervical strain** from seat-belt/whiplash dynamics in a rear-end is common even at low speeds, and **preexisting spondylosis** can increase symptom severity/duration (eggshell plaintiff concept medically).
- **What is difficult:** Attributing **structural progression** of multilevel degenerative changes to this low-speed event is weak where the record shows **significant pre-MVA degeneration and progression over a decade**. Dr. Wilimink MRR Report\_Redacted

Ask anything

+ GPT-5 Thinking



### Neck (cervical)

- **What fits the mechanism:** A **cervical strain** from seat-belt/whiplash dynamics in a rear-end is common even at low speeds, and **preexisting spondylosis** can increase symptom severity/duration (eggshell plaintiff concept medically).
- **What is difficult:** Attributing **structural progression** of multilevel degenerative changes to this low-speed event is weak where the record shows **significant pre-MVA degeneration and progression over a decade.**

### Cervical causation probabilities

- **Temporary strain/symptom flare due to MVA:** ~60–75% (likely).
- **Permanent structural aggravation beyond natural progression:** ~20–35% (possible but not probable).

### Other claimed regions (shoulder girdle, clavicle area, hip, ankle, low back)

- These are **plausible short-term myofascial strains** given belt-loading and whole-body rebound; durable structural injury claims are **weak** on this record. **Short-term strain causation:** ~40–60%; **long-term structural injury:** <25%.

### Bottom line for case evaluation

- **Best causation footholds:** (1) **Cervical and knee strain/contusion with symptom exacerbation** in a susceptible patient; (2) contemporaneous complaint pattern and consistent treatment timeline support **some** injury attribution.
- **Exposed weaknesses:** (a) **Low property damage** (\$1,320.36) bolsters a **defense biomech narrative**; (b) **documented preexisting disease in neck and knee**; (c) treating orthopedists repeatedly pursuing **conservative care** and noting **pain location ≠ MRI findings**; (d) defense RME flatly caps reasonable care at **~3 months** and denies future care.
- **Net causation outlook (mechanism):**
  - **Right knee:** MVA caused a **contusion/flare** (probable) but **not the claimed structural**

Ask anything

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Neck (cervical)

- What fits the mechanism: A cervical strain from seat-belt/whiplash dynamics... What is difficult: Attributing structural progression of multilevel degenerative changes...

Cervical causation probabilities

- Temporary strain/symptom flare due to MVA: ~60-75% (likely). Permanent structural aggravation beyond natural progression: ~20-35% (possible but not probable).

Other claimed regions (shoulder girdle, clavicle area, hip, ankle, low back)

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- Best causation footholds: (1) Cervical and knee strain/contusion with symptom exacerbation... Exposed weaknesses: (a) Low property damage (\$1,320.36) bolsters a defense biomech narrative... Net causation outlook (mechanism): Right knee: MVA caused a contusion/flare (probable) but not the claimed structural

Ask anything GPT-5 Thinking