

TRIAL BINDER

**SANTA CRUZ DE LEON SAUCEDA
AND MARTHA MARTINEZ**

v.

IRAISY MONTALVO REYNA

Cause No. C-2344-19-E
275th District Court
Hidalgo County, Texas

TRIAL DATE: February 9–11, 2026

Hon. Marla Cuellar, Presiding

ATTORNEY FOR PLAINTIFFS

Jonathon Andrew Muñoz
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Mission, Texas

QUICK REFERENCE

Medical Specials: \$37,005 (Sauceda \$16,540 | Martinez \$20,465)
Collision: September 28, 2017 — FM 3072, Hidalgo County
Key Finding: Martinez L4-L5 — Herniated disc with annular tear

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OPENING STATEMENT
PLAINTIFFS

Santa Cruz De Leon Saucedo and Martha Martinez

v.

Iraissy Montalvo Reyna

Cause No. C-2344-19-E

275th District Court, Hidalgo County, Texas

Trial Date: February 2026

Estimated Time: 12-15 minutes

I. INTRODUCTION

[Stand at podium. Make eye contact with entire jury. Speak slowly and deliberately.]

May it please the Court.

Ladies and gentlemen of the jury.

— PAUSE —

This case is about a simple rule of the road that every driver in Texas knows: when you are behind another vehicle, you must keep a proper lookout, maintain control of your vehicle, and never put yourself in a position where you strike the car in front of you.

On September 28, 2017, the Defendant, Iraissy Montalvo Reyna, broke that rule. She attempted to pass in a no-passing zone and struck my clients from behind while they were lawfully stopped in their lane of traffic.

And because she did, two people—Santa Cruz De Leon Saucedo and Martha Martinez—were hurt.

— PAUSE —

This case is not complicated. It is not about tricks. It is not about exaggeration. It is about accountability.

II. THE COLLISION – SEPTEMBER 28, 2017

[Paint the picture. Help them see it.]

Let me take you back to that afternoon. It was around 5:30 in the evening on FM 3072 in Hidalgo County—a two-lane road with one lane going each direction.

Ms. Saucedo was driving her 2008 Chevrolet HHR eastbound in the outside lane. Sitting next to her in the passenger seat was Ms. Martinez. They were stopped. Their vehicle was not moving. They were doing exactly what any lawful driver does—waiting in their lane of traffic.

Behind them, coming up from the rear, was the Defendant, Iraissy Montalvo Reyna, driving a 2014 Nissan Sentra.

— PAUSE —

Now, what happened next is important, because even the Defendant cannot dispute the basic facts.

The Defendant attempted to pass. She tried to move from the outside lane to the inside lane. But here is the problem: that stretch of FM 3072 is a no-passing zone. And instead of waiting safely behind my clients, the Defendant misjudged. She failed to maintain a proper lookout. She failed to control her vehicle.

And she struck Ms. Saucedo's Chevy HHR from behind.

— PAUSE —

This was not a phantom accident. This was not imagined. Officer G. Valdez of the Hidalgo Police Department responded to the scene. He investigated. He spoke with the drivers. He documented what he found. And his report reflects what the physical evidence shows: the Defendant was at fault.

You will see the damage to my clients' vehicle—damage to the rear and side that does not happen unless the trailing driver fails to maintain proper control and clearance. The

property damage estimate from Vic's Auto Rebuilders documents the collision-related damage.

III. THE IMMEDIATE AFTERMATH

[Humanize. Address the 'no ambulance' issue head-on.]

Immediately after the impact, everyone was shaken. Adrenaline was high. No one called an ambulance.

And I want to address that directly, because it matters.

In real life—not in movies, but in real life—people do not always know they are hurt right away. The body's stress response masks pain. People are startled, confused, trying to figure out what just happened. They exchange information. They talk to the officer. They go home thinking they are fine.

That is exactly what happened here.

But later that evening—and certainly by the next day—the pain came.

IV. SANTA CRUZ DE LEON SAUCEDA'S INJURIES

[Specific. Credible. No overreach.]

Ms. Saucedo began experiencing lower back pain that she had never had before. Pain that interfered with bending, lifting, sitting, and standing—basic movements required for her daily life.

She tried to push through it. She tried over-the-counter medication. When it did not resolve, she did what a reasonable person does: she sought medical treatment.

She went to Chiro Sync in McAllen, where she was treated by Dr. David Gosalvez, a chiropractor. She received adjustments and therapy to address her injuries. When conservative chiropractic care was not enough, she was referred for additional treatment.

She went to Texas Pain Clinic in Weslaco, where Dr. Jorge Saenza—a pain management physician—evaluated her and provided injections to help manage her pain.

She had imaging done at Upper Valley Radiology and Digital Views so her doctors could see what was happening inside her body.

Ms. Saucedo's medical bills total \$16,540. That includes \$7,815 at Chiro Sync, \$5,275 at Texas Pain Clinic, \$2,500 at Upper Valley Radiology, and \$950 at Digital Views.

These were not luxury treatments. These were not excessive. This is what it costs to treat the injuries the Defendant caused.

V. MARTHA MARTINEZ'S INJURIES

[Different injuries. Same credibility approach.]

Ms. Martinez's injuries were different from Ms. Saucedo's, but just as real.

She began experiencing pain in her neck, her back, and her hip. She had difficulty with daily activities. These were not complaints she had before September 28, 2017.

Like Ms. Saucedo, Ms. Martinez followed the same path that many people follow after a car crash. She sought conservative care first. She treated at Chiro Sync with Dr. Gosalvez. When more was needed, she was referred to Texas Pain Clinic to see Dr. Saenza. She had imaging done at Upper Valley Radiology and Digital Views.

Ms. Martinez's medical bills total \$20,465. That includes \$7,590 at Chiro Sync, \$6,925 at Texas Pain Clinic, \$5,000 at Upper Valley Radiology, and \$950 at Digital Views.

Again—conservative treatment. Documented treatment. Real treatment for real injuries.

VI. CREDIBILITY – WHAT THE EVIDENCE WILL SHOW

[Inoculate against defense attacks. Build trust.]

I want to talk to you about something that matters in every case: credibility.

— PAUSE —

Neither Ms. Saucedo nor Ms. Martinez rushed to a courtroom after this accident. They did not call a lawyer the next day. They focused on getting better.

Neither of them exaggerated their symptoms. They did not ask for surgery. They did not claim they were paralyzed. They did not stop their lives and sit at home waiting for a lawsuit.

They worked when they could. They treated when they could. They endured pain when they had to.

And here is something else that matters: neither Plaintiff knew how much their medical treatment cost at the time they were receiving it. They were focused on getting better—not on building a case. That tells you something about who these people are.

— PAUSE —

You will also hear from the Defendant herself. She will have her version of events. You will be asked to decide who to believe.

But here is what the law says: even if you set aside any dispute about distraction or cell phones, a driver who strikes a stopped vehicle from behind—while attempting to pass in a no-passing zone—has failed to keep a proper lookout and failed to control her vehicle.

That is negligence under Texas law. Period.

VII. WHAT THIS CASE IS ABOUT

[Frame the verdict. Make it about fairness, not punishment.]

This case will not ask you to punish anyone.

It will ask you to do something quieter and more important: to restore balance.

When someone breaks the rules of the road and causes harm, the law says they are responsible for the consequences. Not because we want revenge. But because that is how our system works. That is how we hold each other accountable.

— PAUSE —

Ms. Saucedo and Ms. Martinez did not ask to be in this courtroom. They did not ask to be hurt. They were stopped in their lane, minding their own business, when the Defendant's negligence changed their lives.

The combined medical expenses in this case total \$37,005. That is real money spent on real treatment for real injuries.

But the bills are only part of the story. You will also be asked to consider the physical pain both Plaintiffs experienced. The disruption to their daily lives. The mental anguish of dealing with injuries they did not cause and did not deserve.

VIII. CONCLUSION – WHAT WE WILL ASK

[Clear. Direct. Confident.]

At the end of this case, after you have heard all the evidence, the Judge will give you a series of questions to answer.

We will ask you to answer 'yes' to the liability question: yes, the Defendant was negligent.

We will ask you to answer 'yes' to the causation question: yes, that negligence caused these injuries.

And we will ask you to award fair compensation—not excessive, not inflated—but fair compensation for what Ms. Saucedo and Ms. Martinez went through, and what they continue to live with today.

— PAUSE —

That is what justice looks like in a case like this. Not dramatic. Not excessive. Just fair.

Thank you for your attention. I look forward to presenting our case.

[Sit down. Do not thank individual jurors.]

REFERENCE: KEY FACTS FOR OPENING

Collision Facts:

- Date: September 28, 2017, approximately 5:30 p.m.
- Location: 2700 Block FM 3072, Hidalgo County, Texas
- Plaintiffs' Vehicle: 2008 Chevrolet HHR (stopped, eastbound, outside lane)
- Defendant's Vehicle: 2014 Nissan Sentra
- Mechanism: Defendant attempted to pass in no-passing zone, struck Plaintiffs from behind
- Investigating Officer: Officer G. Valdez, Hidalgo Police Department

Medical Providers:

- Chiro Sync – Dr. David Gosalvez, III, D.C., CCSP (McAllen)
- Texas Pain Clinic – Dr. Jorge Saenza, M.D. (Weslaco)
- Upper Valley Radiology – Dr. William Martin, M.D. (McAllen)
- Digital Views (McAllen)

Medical Specials – Santa Cruz De Leon Saucedo:

- Chiro Sync: \$7,815.00
- Texas Pain Clinic: \$5,275.00
- Upper Valley Radiology: \$2,500.00
- Digital Views: \$950.00
- **TOTAL: \$16,540.00**

Medical Specials – Martha Martinez:

- Chiro Sync: \$7,590.00
- Texas Pain Clinic: \$6,925.00
- Upper Valley Radiology: \$5,000.00
- Digital Views: \$950.00
- **TOTAL: \$20,465.00**

COMBINED MEDICAL SPECIALS: \$37,005.00

Theories of Negligence (per Disclosure):

1. Failed to maintain in a single lane
2. Attempted to pass in a no-passing zone
3. Failed to keep proper lookout
4. Failed to maintain proper control of vehicle
5. Failed to control speed
6. Failed to apply brakes
7. Failed to maintain assured clear distance

WITNESS EXAMINATION OUTLINES
TRIAL NOTEBOOK

Santa Cruz De Leon Saucedo and Martha Martinez

v.

Iraissy Montalvo Reyna

Cause No. C-2344-19-E

275th District Court, Hidalgo County, Texas

WITNESS ORDER

#	WITNESS	ROLE	EST. TIME
1	Santa Cruz De Leon Saucedo	Plaintiff (Driver)	30-40 min
2	Martha Martinez	Plaintiff (Passenger)	25-35 min
3	Officer G. Valdez	Investigating Officer	15-20 min
4	Dr. David Gosalvez, III, DC	Treating Chiropractor	20-25 min
5	Dr. Jorge Saenza, MD	Pain Management	20-25 min
6	Iraissy Montalvo Reyna	Defendant (Adverse)	15-20 min

SANTA CRUZ DE LEON SAUCEDA

Plaintiff – Driver of 2008 Chevrolet HHR

DIRECT EXAMINATION

A. Background and Orientation

[Humanize the witness. Let the jury see her as a real person.]

- Q: Please tell the jury your name.
- Q: Where do you live?
- Q: How long have you lived in the Rio Grande Valley?
- Q: Are you married?
- Q: Do you have children?
- Q: What kind of work do you do?
- Q: Does your job require physical movement, like bending, lifting, or standing for long periods?
- Q: Before September 28, 2017, had you ever been involved in a lawsuit before?
- Q: Before that date, did you have any ongoing problems with your lower back?
- Q: Were you taking any pain medication regularly before that date?

B. The Day of the Collision – September 28, 2017

[Set the scene. Make the jury see it.]

- Q: I want to take you back to September 28, 2017. Were you working that day?
- Q: After work, were you driving somewhere?
- Q: Who was in the car with you?
- Q: What is your relationship to Martha Martinez?
- Q: What kind of vehicle were you driving?
- Q: Was that your vehicle?
- Q: What road were you on when this collision happened?
→ **EXHIBIT: Police Report – Exhibit 1**
- Q: Can you describe FM 3072 for the jury – is it a two-lane road or a highway?
- Q: Which direction were you traveling?
- Q: Which lane were you in – the inside lane or the outside lane?

C. The Moments Before Impact

- Q: At the time of this collision, was your vehicle moving or stopped?
- Q: Why had you stopped?
- Q: How long had you been stopped before you were hit?
- Q: Did you have your foot on the brake?
- Q: Were your brake lights working?
- Q: Were you wearing your seatbelt?

- Q: Was Ms. Martinez wearing her seatbelt?
- Q: Did you do anything suddenly or unexpectedly just before the impact?
- Q: Did you reverse your vehicle?
- Q: Did you change lanes suddenly?
- Q: Did you hear a horn or receive any warning before you were hit?

D. The Impact

[Slow down here. Let her describe it.]

- Q: What is the first thing you remember about the collision?
- Q: Can you describe what you felt when the impact happened?
- Q: What did it feel like inside the car?
- Q: What happened to your body when you were hit?
- Q: Did any part of your body hit anything inside the vehicle?
- Q: What did you hear?
- Q: What happened to your vehicle after it was struck?
- Q: Did your car move forward from the force of the impact?

E. Immediately After the Collision

- Q: What did you do immediately after the collision?
- Q: Were you able to get out of your car?
- Q: Did you check on Ms. Martinez?
- Q: How did she appear to you?
- Q: Did the police arrive at the scene?
- Q: Do you remember the officer's name?
- Q: Did the officer ask you questions about what happened?
- Q: Did the officer ask if you were okay?
- Q: Did the officer ask if you needed an ambulance?
- Q: At that moment, did you feel severe pain, or were you mostly shaken and nervous?

⚠ Do not volunteer information about cell phone – let defense raise it if they want.

F. Onset of Pain – Delayed Symptoms

[Critical section. Addresses 'no ambulance' issue.]

- Q: Later that day or that evening, did you begin to feel any pain?
- Q: Where did you first feel that pain?
- Q: The next morning, how did your body feel when you tried to get up?
- Q: How did your lower back feel when you tried to move around?
- Q: Before this collision, had you ever felt that kind of pain in your lower back?
- Q: Did the pain get better or worse over the next few days?

G. Effect on Daily Life and Work

- Q: Did that pain affect your ability to do everyday activities?
- Q: Did it affect your ability to bend?
- Q: Did it affect your ability to lift things?
- Q: Did it affect your ability to sit for long periods?
- Q: Did it affect your ability to work?
- Q: Were there days you missed work because of the pain?
- Q: When you did go to work, were you working in pain?
- Q: Did the pain affect your sleep?
- Q: Did the pain affect your ability to care for your family?
- Q: What activities did you enjoy before this collision that you can no longer do?

H. Medical Treatment – Chiro Sync

[Establish conservative care pathway.]

- Q: Because the pain did not go away, did you eventually seek medical treatment?
- Q: Where did you first go for treatment?
- Q: Before this accident, had you ever been to a chiropractor?
- Q: When you first went to Chiro Sync, what was your main complaint?
- Q: Who treated you there?
- Q: What kind of treatment did Dr. Gosalvez provide?
- Q: How often did you go for treatment?
- Q: Did the treatment help?
- Q: Did it completely resolve your pain, or did you still have symptoms?
 - **EXHIBIT: Medical Records – Chiro Sync (Exhibit 5a)**
 - **EXHIBIT: Medical Bills – Chiro Sync: \$7,815.00**

I. Medical Treatment – Diagnostic Imaging

- Q: Because the pain continued, were you referred for additional testing?
- Q: Did you have an MRI or other imaging done?
- Q: Where did you go for that imaging?
- Q: Were you told what the imaging showed?
 - **EXHIBIT: Medical Records – Upper Valley Radiology (Exhibit 5c)**
 - **EXHIBIT: Medical Records – Digital Views (Exhibit 5d)**
 - **EXHIBIT: Medical Bills – Upper Valley Radiology: \$2,500.00; Digital Views: \$950.00**

J. Medical Treatment – Texas Pain Clinic

- Q: After the imaging, were you referred to another doctor?
- Q: Were you referred to Texas Pain Clinic?
- Q: Who did you see there?

Q: Why were you referred to a pain management doctor?

Q: Did Dr. Saenza recommend any specific treatment?

Q: Did he recommend injections?

Q: Were you nervous or hesitant about getting an injection?

Q: Did you eventually go through with it?

Q: After the injection, did you feel any relief?

Q: How long did that relief last?

Q: Did the pain eventually return?

→ **EXHIBIT: Medical Records – Texas Pain Clinic (Exhibit 5b)**

→ **EXHIBIT: Medical Bills – Texas Pain Clinic: \$5,275.00**

K. Limits on Further Treatment

[Address gap in treatment honestly.]

Q: After the pain came back, did you continue with additional treatment?

Q: Why not?

Q: Did the cost of treatment affect your ability to continue?

Q: Did insurance coverage affect your ability to continue treatment?

Q: If you could have continued treatment, would you have?

L. Total Medical Expenses

Q: Have you received bills for all of the medical treatment you received as a result of this collision?

Q: Do you know what the total of those bills is?

→ **EXHIBIT: Summary of Medical Expenses – Exhibit 7: \$16,540.00 total**

Q: Did you pay for any of this treatment out of pocket?

Q: Did you have any other expenses because of this collision – medications, travel to appointments?

M. Current Condition

[Bring jury to present day.]

Q: As you sit here today, do you still have pain from this collision?

Q: Where do you feel that pain?

Q: How often do you experience that pain?

Q: On a scale of 1 to 10, with 10 being the worst pain imaginable, what is your typical pain level?

Q: What do you do when the pain is bad?

Q: Does that pain still affect your ability to work?

Q: Does it affect your ability to do daily activities?

Q: Is your life the same today as it was before September 28, 2017?

Q: Do you believe you will ever be completely free of this pain?

N. Conclusion

Q: Ms. Saucedo, if you could go back to that day and prevent this collision from happening, would you?

Q: Is there anything else you want this jury to know about how this collision has affected your life?

[Pass the witness.]

CROSS-EXAMINATION – ANTICIPATED DEFENSE QUESTIONS

[Prepare witness for these topics.]

Likely Defense Lines of Attack

- Q: You didn't go to the emergency room after this collision, did you?
- Q: No ambulance was called, correct?
- Q: You drove yourself home after the accident?
- Q: You didn't start treatment until [X days] after the collision?
- Q: You stopped treating after [date], correct?
- Q: You haven't seen a doctor for these injuries in [X months/years]?
- Q: You continued working after this collision?
- Q: You didn't have surgery?
- Q: The damage to your vehicle wasn't severe, was it?

Regarding Prior Conditions

- Q: You've had back pain before this collision, haven't you?
[If true, prepare witness to distinguish prior minor issues from collision-related injury.]

Regarding Treatment

- Q: You were referred to the chiropractor by a lawyer, weren't you?
- Q: You treated on a lien, correct?

REDIRECT EXAMINATION

[Short. Rehabilitate only what was damaged on cross.]

If Defense Attacked 'No Ambulance'

Q: When the officer asked if you needed an ambulance, you were still in shock, weren't you?

Q: At that moment, did you know you were injured?

Q: When did you first realize you were hurt?

Q: Did the pain get worse after you left the scene?

If Defense Attacked Gap in Treatment

Q: You stopped treating – was that because you were cured?

Q: Why did you stop treating?

Q: If you could have afforded to continue treatment, would you have?

Q: Do you still have pain today?

If Defense Attacked Vehicle Damage

Q: Did the amount of damage to your car change how your body felt inside when you were hit?

Q: When that impact happened, did your body feel it?

If Defense Attacked Prior Conditions

Q: Before September 28, 2017, were you seeing doctors regularly for back pain?

Q: Before September 28, 2017, were you taking prescription pain medication?

Q: Before September 28, 2017, were you missing work because of back pain?

Q: What changed after this collision?

MARTHA MARTINEZ

Plaintiff – Passenger in 2008 Chevrolet HHR

DIRECT EXAMINATION

A. Background and Orientation

- Q: Please tell the jury your name.
- Q: Where do you live?
- Q: Are you married?
- Q: Do you have children?
- Q: At the time of the collision, what kind of work did you do?
- Q: What did that work involve – did it require physical labor?
- Q: Did it require use of your hands and arms?
- Q: Before September 28, 2017, had you ever had problems with your neck?
- Q: Had you ever had problems with your back?
- Q: Had you ever had problems with your hip?
- Q: Were you taking any pain medications regularly before that date?

B. Relationship to Ms. Saucedo

- Q: What is your relationship to Santa Cruz De Leon Saucedo?
- Q: On September 28, 2017, were you riding as a passenger with Ms. Saucedo?
- Q: Where were you seated in the vehicle?

C. The Collision

- Q: Before the collision, was the vehicle you were in moving or stopped?
- Q: Were you wearing your seatbelt?
- Q: Did Ms. Saucedo do anything suddenly or unexpectedly before the impact?
- Q: Did she suddenly brake or swerve?
- Q: What is the first thing you remember about the collision?
- Q: What did you feel when the vehicle was struck?
- Q: Did you feel the seatbelt lock against your body?
- Q: What happened to your body when the impact occurred?
- Q: Did any part of your body hit anything inside the car?

D. Immediately After the Collision

- Q: What did you do immediately after the collision?
- Q: Were you able to get out of the car?
- Q: Did the police arrive?
- Q: Did the officer ask if you needed medical attention?

Q: At that moment, did you feel severe pain?

Q: How would you describe how you felt at the scene?

E. Onset of Pain – Delayed Symptoms

Q: Later that day or that evening, did you begin to feel any pain?

Q: Where did you first feel that pain?

Q: Did you notice any pain in your neck?

Q: Did you notice any pain in your back?

Q: Did you notice any pain in your hip?

Q: The next morning, how did your body feel?

Q: Before this collision, had you ever felt that kind of pain?

F. Effect on Daily Life and Work

Q: Did these injuries affect your ability to work?

Q: Did you miss time from work?

Q: What activities became difficult for you after this collision?

Q: Did the pain affect your sleep?

Q: Did it affect your ability to care for your home and family?

G. Medical Treatment – Chiro Sync

Q: Did you seek medical treatment for your injuries?

Q: Where did you first go for treatment?

Q: Did you treat at the same clinic as Ms. Saucedo?

Q: Were you treated for your own injuries?

Q: What areas of your body were treated?

Q: Who treated you?

Q: What kind of treatment did you receive?

Q: Did the treatment help?

→ EXHIBIT: Medical Records – Chiro Sync (Exhibit 6a)

→ EXHIBIT: Medical Bills – Chiro Sync: \$7,590.00

H. Medical Treatment – Diagnostic Imaging

Q: Did you have imaging studies done – MRIs or X-rays?

Q: Where did you go for that imaging?

Q: What parts of your body were imaged?

→ EXHIBIT: Medical Records – Upper Valley Radiology (Exhibit 6c)

→ EXHIBIT: Medical Records – Digital Views (Exhibit 6d)

→ EXHIBIT: Medical Bills – Upper Valley Radiology: \$5,000.00; Digital Views: \$950.00

I. Medical Treatment – Texas Pain Clinic

Q: Because the pain continued, were you referred to additional care?

Q: Did you receive treatment at Texas Pain Clinic?

Q: Who treated you there?

Q: Did you receive injections?

Q: After the injections, did you feel improvement?

Q: Did the pain eventually return?

→ **EXHIBIT: Medical Records – Texas Pain Clinic (Exhibit 6b)**

→ **EXHIBIT: Medical Bills – Texas Pain Clinic: \$6,925.00**

J. Total Medical Expenses

Q: Do you know the total amount of your medical bills from this collision?

→ **EXHIBIT: Summary of Medical Expenses – Exhibit 7: \$20,465.00 total**

K. Current Condition

Q: As you sit here today, do you still have pain from this collision?

Q: Where do you feel that pain?

Q: How often do you experience it?

Q: Does it still affect your daily activities?

Q: Is your life the same today as it was before this collision?

L. Conclusion

Q: Ms. Martinez, if you could go back and prevent this collision, would you?

Q: Is there anything else you want this jury to know?

[Pass the witness.]

CROSS-EXAMINATION – ANTICIPATED DEFENSE QUESTIONS

Likely Defense Lines of Attack

- Q: You didn't go to the emergency room, correct?
- Q: You didn't call an ambulance?
- Q: You continued working after this collision?
- Q: Your injuries didn't require surgery?
- Q: You stopped treatment after [date]?

Regarding the Collision

- Q: You were a passenger, so you weren't looking at the road, were you?
- Q: You don't know exactly what Ms. Saucedá was doing before the impact?
[Prepare witness: 'I know we were stopped and did nothing wrong.']

REDIRECT EXAMINATION

If Defense Attacked 'No Ambulance'

Q: When you left the scene, did you know you were going to be in pain?

Q: When did the pain become clear to you?

If Defense Attacked Treatment

Q: You stopped treating – was that because you were cured?

Q: Do you still have symptoms today?

OFFICER G. VALDEZ

Investigating Officer – Hidalgo Police Department

DIRECT EXAMINATION

A. Qualifications

- Q: Please state your name and occupation.
- Q: How long have you been a police officer?
- Q: What department do you work for?
- Q: As part of your duties, do you investigate traffic collisions?
- Q: Approximately how many traffic collisions have you investigated in your career?
- Q: Have you received any specialized training in accident investigation?

B. Response to Scene

- Q: On September 28, 2017, were you dispatched to a traffic collision?
- Q: What was the location?
- Q: Approximately what time did you arrive at the scene?
- Q: When you arrived, were the vehicles still at the scene?
- Q: Can you describe the scene as you found it?
→ **EXHIBIT: Police Report – Exhibit 1**

C. Investigation

- Q: Did you examine the vehicles involved?
- Q: Can you describe the damage you observed?
- Q: Which vehicle sustained damage to the rear?
- Q: Did you observe the roadway?
- Q: Is that stretch of FM 3072 a no-passing zone?
- Q: How do you know that?
- Q: Did you speak with the drivers?
- Q: Did you speak with Ms. Saucedo?
- Q: Did you speak with the Defendant, Ms. Reyna?

D. Determination of Fault

- Q: Based on your investigation, were you able to determine who was at fault?
- Q: What factors led you to that conclusion?
OBJECTION RISK: Defense may object to 'fault' determination – rephrase as 'contributing factors' if needed.
- Q: Did you document your findings in a crash report?
- Q: Is this a true and correct copy of that report?

E. Medical Attention at Scene

Q: Did you ask the occupants if they needed medical attention?

Q: Was an ambulance called?

Q: When a crash report indicates no ambulance was required, what does that mean?

Q: Does that mean no one was injured?

Q: Or does it mean no one required emergency transport at that moment?

[Critical question – establishes that 'no ambulance' ≠ 'no injury.']

F. Conclusion

[Keep it short. Don't overuse the officer.]

Q: Thank you, Officer. Nothing further.

CROSS-EXAMINATION – ANTICIPATED DEFENSE QUESTIONS

Likely Defense Attacks

Q: You didn't witness this collision, did you?

Q: You arrived after it happened?

Q: You're relying on what the parties told you?

Q: No citation was issued, correct?

[If citation was issued, this helps. If not, be prepared.]

Regarding Injuries

Q: No one appeared to be seriously injured at the scene?

Q: No one was bleeding?

Q: No one was transported by ambulance?

REDIRECT EXAMINATION

If Defense Attacked 'Didn't Witness'

Q: Officer, is it common for police to investigate collisions they didn't personally witness?

Q: Is that part of your job?

Q: You're trained to piece together what happened based on evidence, correct?

If Defense Attacked 'No Citation'

Q: Does the issuance of a citation determine civil liability?

Q: Your job was to investigate what happened, correct?

Q: And you documented your findings in your report?

If Defense Attacked 'No Ambulance'

Q: In your experience, do injured people sometimes decline ambulance transport?

Q: Is it common for pain from a collision to develop hours or days later?

DR. DAVID GOSALVEZ, III, D.C., CCSP

Treating Chiropractor – Chiro Sync

DIRECT EXAMINATION

[Non-retained expert. May testify to diagnosis, treatment, causation, prognosis.]

A. Qualifications

- Q: Please state your name and profession.
- Q: What does 'D.C.' stand for?
- Q: What does 'CCSP' stand for?
- Q: Where did you receive your chiropractic education?
- Q: How long have you been practicing?
- Q: Are you licensed to practice in Texas?
- Q: Where do you currently practice?
→ **EXHIBIT: CV – Dr. Gosalvez (Exhibit 17, if needed)**

B. Treatment of Ms. Saucedo

- Q: Did you treat a patient named Santa Cruz De Leon Saucedo?
- Q: When did you first see her?
- Q: What complaints did she present with?
- Q: Did she report these complaints were related to a motor vehicle collision?
- Q: What was your initial examination?
- Q: What did you find on examination?
- Q: Based on your examination, what was your diagnosis?
→ **EXHIBIT: Medical Records – Chiro Sync (Ms. Saucedo) – Exhibit 5a**

C. Treatment Plan – Ms. Saucedo

- Q: What treatment did you provide?
- Q: How often did she come in for treatment?
- Q: Over what period of time did you treat her?
- Q: Did the treatment help her symptoms?
- Q: Why did you refer her for additional care?

D. Causation – Ms. Saucedo

- Q: In your medical opinion, were her injuries consistent with a motor vehicle collision?
- Q: In your medical opinion, was the collision a cause of her injuries?
OBJECTION RISK: Defense may challenge causation opinion – be prepared to lay foundation.

E. Treatment of Ms. Martinez

Q: Did you also treat a patient named Martha Martinez?

Q: When did you first see her?

Q: What complaints did she present with?

Q: What was your diagnosis?

Q: What treatment did you provide?

→ **EXHIBIT: Medical Records – Chiro Sync (Ms. Martinez) – Exhibit 6a**

F. Causation – Ms. Martinez

Q: In your medical opinion, were Ms. Martinez's injuries consistent with a motor vehicle collision?

Q: In your medical opinion, was the collision a cause of her injuries?

G. Reasonableness and Necessity

Q: Was the treatment you provided reasonable and necessary for these injuries?

Q: Were the charges for that treatment reasonable?

→ **EXHIBIT: Medical Bills – Chiro Sync: \$7,815 (Sauceda); \$7,590 (Martinez)**

H. Conclusion

Q: Thank you, Doctor.

[Pass the witness.]

CROSS-EXAMINATION – ANTICIPATED DEFENSE QUESTIONS

Attacking Qualifications

Q: You're not a medical doctor, correct?

Q: You can't prescribe medication?

Q: You can't perform surgery?

[Prepare: 'I'm a licensed Doctor of Chiropractic trained in musculoskeletal injuries.']

Attacking Causation

Q: You didn't witness this collision?

Q: You're relying on what the patient told you?

Q: Patients can have these same symptoms from other causes?

Attacking Treatment

Q: These patients were referred to you by a lawyer?

Q: You treated them on a lien?

Q: You get paid more if there's a recovery?

REDIRECT EXAMINATION

If Defense Attacked 'Not a Medical Doctor'

Q: Doctor, are chiropractors licensed healthcare providers in Texas?

Q: Are you trained specifically in musculoskeletal injuries?

Q: Is that the type of injury involved in this case?

If Defense Attacked Causation

Q: Did either patient report a history of these symptoms before the collision?

Q: The symptoms they described – were they consistent with what you would expect from a rear-end collision?

If Defense Attacked 'Lien' Treatment

Q: Whether you're paid or not, do you provide the same standard of care?

Q: Did you document your findings the same way you would for any patient?

DR. JORGE SAENZA, M.D.

Pain Management Physician – Texas Pain Clinic

DIRECT EXAMINATION

[Non-retained expert. Stronger credentials for causation and prognosis.]

A. Qualifications

- Q: Please state your name and profession.
- Q: What is your medical specialty?
- Q: Where did you attend medical school?
- Q: Where did you complete your residency?
- Q: Are you board certified?
- Q: How long have you been practicing pain management?
- Q: Where do you currently practice?

→ **EXHIBIT: CV – Dr. Saenza (Exhibit 17, if needed)**

B. Treatment of Ms. Saucedo

- Q: Did you treat a patient named Santa Cruz De Leon Saucedo?
- Q: Why was she referred to you?
- Q: When did you first see her?
- Q: What complaints did she present with?
- Q: Did you review any prior records or imaging before your examination?
- Q: What did your examination reveal?
- Q: What was your diagnosis?

→ **EXHIBIT: Medical Records – Texas Pain Clinic (Ms. Saucedo) – Exhibit 5b**

C. Treatment Plan – Ms. Saucedo

- Q: What treatment did you recommend?
- Q: Did you perform injections?
- Q: What kind of injection?
- Q: What is the purpose of that injection?
- Q: Did she respond to the injection?
- Q: Did she experience relief?
- Q: Was that relief permanent or temporary?

D. Causation – Ms. Saucedo

- Q: In your medical opinion, do you have an opinion as to the cause of Ms. Saucedo's pain?
- Q: What is that opinion?
- Q: Is that opinion based on reasonable medical probability?

E. Prognosis – Ms. Saucedo

- Q: Do you have an opinion regarding her prognosis – whether she will fully recover?
- Q: What is that opinion?

F. Treatment of Ms. Martinez

- Q: Did you also treat a patient named Martha Martinez?
- Q: Why was she referred to you?
- Q: What complaints did she present with?
- Q: What was your diagnosis?
- Q: What treatment did you provide?
- Q: Did she respond to treatment?
→ EXHIBIT: Medical Records – Texas Pain Clinic (Ms. Martinez) – Exhibit 6b

G. Causation – Ms. Martinez

- Q: In your medical opinion, was the motor vehicle collision a cause of Ms. Martinez's injuries?
- Q: Is that opinion based on reasonable medical probability?

H. Prognosis – Ms. Martinez

- Q: What is your opinion regarding Ms. Martinez's prognosis?

I. Reasonableness and Necessity

- Q: Was the treatment you provided to both patients reasonable and necessary?
- Q: Were the charges for that treatment reasonable?
→ EXHIBIT: Medical Bills – Texas Pain Clinic: \$5,275 (Sauceda); \$6,925 (Martinez)

J. Soft Tissue Injuries Generally

[Educate the jury.]

- Q: Doctor, can soft tissue injuries cause significant, lasting pain?
- Q: Is it common for soft tissue injuries to not show up on X-rays?
- Q: Can soft tissue injuries require ongoing treatment?
- Q: Is temporary relief followed by return of pain consistent with soft tissue injury?

K. Conclusion

- Q: Thank you, Doctor.
[Pass the witness.]

CROSS-EXAMINATION – ANTICIPATED DEFENSE QUESTIONS

Attacking Causation

- Q: You didn't witness this collision?
- Q: You're relying on what the patient told you?
- Q: People can have back pain without being in a collision?

Attacking Treatment

- Q: Neither patient had surgery?
- Q: The injections only provided temporary relief?
- Q: You can't cure their condition?

Attacking Prognosis

- Q: You can't guarantee they'll have pain forever?
- Q: Some people with similar injuries fully recover?

REDIRECT EXAMINATION

If Defense Attacked 'Temporary Relief'

Q: Is temporary relief from injections consistent with the type of injury you diagnosed?

Q: Does temporary relief mean the injury isn't real?

If Defense Attacked 'No Surgery'

Q: Is surgery always required for an injury to be legitimate?

Q: Is conservative treatment generally tried before surgery?

Q: Can patients have real, ongoing pain without needing surgery?

IRAISY MONTALVO REYNA

Defendant – Driver of 2014 Nissan Sentra

DIRECT EXAMINATION (ADVERSE WITNESS)

[Call as adverse. Leading questions permitted. One fact per question. Stay controlled.]

▲ Do not argue. Do not editorialize. Get admissions and sit down.

A. Basic Facts – Establish the Collision

Q: Ms. Reyna, on September 28, 2017, you were involved in a motor vehicle collision, correct?

Q: You were driving a 2014 Nissan Sentra?

Q: This collision happened on FM 3072 in Hidalgo County?

Q: The other vehicle involved was a Chevrolet HHR?

Q: That vehicle was being driven by Ms. Saucedo?

Q: Ms. Martinez was a passenger in that vehicle?

B. Position of Vehicles

Q: Before the collision, Ms. Saucedo's vehicle was in front of you, correct?

Q: You were behind her vehicle?

Q: Her vehicle was stopped at the time of the collision?

Q: Your vehicle made contact with her vehicle?

Q: That contact was to the rear of her vehicle?

C. No-Passing Zone

Q: You were familiar with that stretch of FM 3072?

Q: You had driven that road before?

Q: There are yellow lines on that road indicating where vehicles should not pass?

Q: You attempted to move your vehicle before the impact?

Q: You were trying to pass or go around her vehicle?

D. Police Investigation

Q: The police came to the scene?

Q: An officer spoke with you?

Q: You're aware the police report indicates you were at fault?

Q: That conclusion was based on the officer's investigation?

E. Admissions

Q: You agree there was a collision?

Q: You agree you were the trailing driver?

Q: You agree Ms. Saucedo's vehicle was stopped?

Q: You agree your vehicle struck hers?

Q: You did not claim that Ms. Saucedo reversed into you?

Q: You did not claim that she suddenly cut you off?

Q: You did not claim another vehicle pushed you into her?

F. Insurance

Q: You had liability insurance at the time of this collision?

Q: You told Ms. Saucedo that you had insurance?

[Do not ask about policy limits – inadmissible.]

G. Conclusion

[Stop. Do not overreach. You have what you need.]

Q: Nothing further.

CROSS-EXAMINATION BY DEFENSE COUNSEL – ANTICIPATED

[Be prepared to object to improper questions.]

Defense Will Try To Establish

- Ms. Saucedo did something unexpected
- The impact was minor
- Defendant was not negligent or was only partially at fault

Objection Reminders

- Object to speculation about Plaintiffs' conduct
- Object to questions about insurance (beyond existence)
- Object to narrative answers on direct exam topics

RE-CROSS EXAMINATION (IF NEEDED)

[Only if defense opened a door. Keep it tight.]

If Defense Claims Saucedá Did Something Wrong

Q: You're not claiming Ms. Saucedá reversed into you, are you?

Q: You're not claiming she suddenly slammed on her brakes in front of you?

Q: She was stopped when you came up behind her, correct?

Q: You were the only one who was moving at the time of impact?

If Defense Minimizes the Impact

Q: There was enough force to cause damage to both vehicles?

Q: Enough force for the police to be called?

Q: Enough force for a crash report to be written?

APPENDIX: EXHIBIT QUICK REFERENCE

EX. #	DESCRIPTION	USE WITH WITNESS
1	Police Report (Officer Valdez)	Valdez, Saucedo, Reyna
2	Scene/Vehicle Damage Photos	Saucedo, Valdez
3	Property Damage Estimate (Vic's Auto)	Saucedo
5a	Medical Records – Chiro Sync (Saucedo)	Saucedo, Gosalvez
5b	Medical Records – Texas Pain Clinic (Saucedo)	Saucedo, Saenza
5c	Medical Records – Upper Valley Radiology (Saucedo)	Saucedo
5d	Medical Records – Digital Views (Saucedo)	Saucedo
6a	Medical Records – Chiro Sync (Martinez)	Martinez, Gosalvez
6b	Medical Records – Texas Pain Clinic (Martinez)	Martinez, Saenza
6c	Medical Records – Upper Valley Radiology (Martinez)	Martinez
6d	Medical Records – Digital Views (Martinez)	Martinez
7	Summary of Medical Expenses	Saucedo, Martinez, Closing
9-11	Deposition Transcripts (Saucedo, Martinez, Reyna)	Impeachment

MEDICAL SPECIALS QUICK REFERENCE

Santa Cruz De Leon Saucedo: \$16,540.00

Chiro Sync: \$7,815 | Texas Pain: \$5,275 | Upper Valley: \$2,500 | Digital Views: \$950

Martha Martinez: \$20,465.00

Chiro Sync: \$7,590 | Texas Pain: \$6,925 | Upper Valley: \$5,000 | Digital Views: \$950

COMBINED TOTAL: \$37,005.00

CROSS-EXAMINATION SCRIPTS

— AUDIT REVISED — CORRECTED MRI FINDINGS —

ALL DEFENSE EXPERTS

SAUCEDA & MARTINEZ v. REYNA

Cause No. C-2344-19-E

275th District Court, Hidalgo County, Texas

DEFENSE EXPERT ROSTER

- I. Dr. Rawson L. Wood, MD, MPH — Biomechanics/Accident Reconstruction
- II. Dr. Gregory W. Nelson, DC, RN, FNP-C — Chiropractic Reasonableness
- III. Dr. Matthew A. Kaplan, DO — Pain Management
- IV. Dr. Stephen L. Jones, MD — Diagnostic Radiology
- V. Holly J. Goodine, CPC — Billing/Coding

▲ CORRECTED MRI FINDINGS — USE FOR IMPEACHMENT

SAUCEDA — Lumbar MRI (THREE LEVELS):

- Protruding discs at L3-L4, L4-L5, AND L5-S1 (not just two levels)

MARTINEZ — Lumbar MRI:

- **L4-L5: HERNIATED DISC with PARTIAL TEAR OF ANNULUS FIBROSUS + bright T2 signal**
- L5-S1: Protruding disc (no annular tear at this level)
- L2-L3: Protruding disc

MARTINEZ — Left Elbow MRI:

- **TEAR of lateral meniscus with meniscal flap + JOINT EFFUSION**
- Tendinosis and ligament strain

Defense experts claiming 'no acute trauma' can be IMPEACHED with these actual findings

I. DR. RAWSON L. WOOD, MD, MPH — BIOMECHANICS

EXPERT AT A GLANCE — KEY VULNERABILITIES

- Board certified: Aerospace Medicine, Occupational Medicine — NOT orthopedics, neurology, or PM&R
- Never examined either plaintiff
- Predicts symptoms resolve 'in days' — but Saucedo treated through May 2018 (8 months)
- **If only 'mild strains,' why did Dr. Saenz perform L4-5 ESI on Saucedo and BOTH lumbar ESI + elbow injection on Martinez?**
- Claims 'minimal forces' but vehicle damage required fender/door replacement
- Report CONCEDES 'reflexive muscle strain' possible — that's still an injury

A. Never Examined — Paper Reviewer

- Q. Dr. Wood, you never examined Santa Saucedo, did you?
- Q. You never examined Martha Martinez either?
- Q. You never took their medical histories in person?
- Q. You never performed a physical examination on either woman?
- Q. You never observed their range of motion?
- Q. You never palpated their spines for tenderness or spasm?
- Q. Everything you know about these patients comes from paper?

CONCESSION LOCKED — FOR CLOSING: Wood never examined either plaintiff — paper reviewer only

B. Qualifications — Aerospace ≠ Orthopedics

- Q. You are board certified in Aerospace Medicine?
- Q. And Occupational Medicine?
- Q. You are not board certified in orthopedic surgery?
- Q. You are not board certified in neurology?
- Q. You are not board certified in physical medicine and rehabilitation?
- Q. You are not board certified in pain management?
- Q. Aerospace medicine deals primarily with pilots and flight crews?
- Q. Not people injured in car collisions?

CONCESSION LOCKED — FOR CLOSING: Wood is NOT board certified in any specialty that treats spine injuries

C. Paid Defense Expert

- Q. You were retained by the defense in this case?

Q. You are being paid for your time?

Q. What is your hourly rate?

Q. How much have you billed in this case so far?

Q. Approximately what percentage of your income comes from defense litigation work?

D. The 'Days' Prediction vs. 8 Months of Treatment

AUDIT EDIT: *Audit edit: Wood predicts 'days' of symptoms, but Saucedo's pain persisted through May 2018 — 8 months post-collision.*

Q. Your report suggests that any injuries from this collision would resolve in a matter of days?

Q. You're aware that Ms. Saucedo received chiropractic treatment from September 2017 through May 2018?

Q. That's approximately eight months?

Q. She received 23 chiropractic visits during that time?

Q. If her symptoms were going to resolve in 'days,' why did she need treatment for eight months?

Q. Ms. Martinez received 22 chiropractic visits?

Q. Her treatment extended from September 2017 through January 2018?

Q. Your 'days' prediction doesn't match the actual treatment course, does it?

E. The ESI Contradiction — 'Mild Strains' Don't Need Epidurals

AUDIT EDIT: *Audit edit: If only 'mild muscle strains,' why did Dr. Saenz perform ESI at L4-5 on Saucedo and both lumbar ESI + elbow injection on Martinez?*

Q. Your report characterizes the potential injuries as 'mild muscle strains'?

Q. Mild muscle strains typically resolve with rest and over-the-counter medication?

Q. They don't require epidural steroid injections?

Q. Dr. Wood, are you aware that Dr. Saenz performed an epidural steroid injection at L4-5 on Ms. Saucedo?

Q. That injection was performed on January 2, 2018?

Q. An epidural steroid injection delivers medication directly to the spine?

Q. It's not a treatment for mild muscle strains, is it?

Q. If Ms. Saucedo only had a 'mild muscle strain,' why would a pain management physician perform an epidural steroid injection?

Q. Dr. Saenz also performed a lumbar epidural injection on Ms. Martinez?

Q. AND an elbow injection on Ms. Martinez?

Q. Do mild muscle strains require two separate injection procedures?

IMPEACHMENT — FROM EXPERT'S OWN REPORT:

"The only injuries that could have been caused were mild muscle strains that would resolve in a matter of days."

— Wood Report

CONCESSION LOCKED — FOR CLOSING: Actual treatment included epidural injections — inconsistent with 'mild strains'

F. Vehicle Damage vs. 'Minimal Forces'

AUDIT EDIT: *Audit edit: Wood claims 'minimal forces' but damage required fender and door replacement.*

Q. Your report concludes the forces in this collision were minimal?

Q. You're aware the Nissan struck the Chevrolet while the Chevrolet was stopped at a red light?

Q. The collision damaged the right fender of Ms. Saucedo's vehicle?

Q. It also damaged the right door?

Q. Those parts required replacement?

Q. If the forces were truly 'minimal,' why did the vehicle need a new fender and door?

Q. Replacing a fender and door isn't cosmetic damage, is it?

Q. It indicates significant force to the vehicle?

G. MRI Shows More Than 'Degenerative Changes'

▲ ACTUAL MRI FINDING: *Martinez L4-L5: Herniated disc with PARTIAL TEAR OF ANNULUS FIBROSUS + bright T2 signal. Elbow: Meniscal TEAR with EFFUSION.*

Q. Your report states the MRIs showed 'chronic degenerative changes, but no evidence of acute traumatic injury'?

Q. Did you review the actual MRI reports from Dr. Martin?

Q. Are you aware that Ms. Martinez's lumbar MRI showed a herniated disc at L4-L5 with partial tear of the annulus fibrosus?

Q. An annular tear is not a 'degenerative' finding, is it?

Q. A tear of the annulus is consistent with trauma?

Q. The MRI also showed a bright signal focus on T2 sequence at L4-L5?

Q. Bright T2 signal can indicate an active inflammatory process?

Q. Did you account for the annular tear and T2 signal changes in your biomechanical analysis?

Q. Ms. Martinez's elbow MRI showed a tear of the lateral meniscus?

Q. With joint effusion — fluid in the joint?

Q. Joint effusion typically indicates acute trauma, doesn't it?

Q. An effusion is not a 'chronic degenerative finding,' is it?

H. Concedes Injury Possible

Q. In your report, you acknowledge that 'reflexive muscle strain' could occur from this collision?

IMPEACHMENT — FROM EXPERT'S OWN REPORT:

"It is possible that reflexive muscle strain could occur in occupants of the Chevrolet."

— Wood Report

Q. So you agree some injury could have occurred?

Q. A muscle strain is an injury?

Q. Even in your analysis, this collision could have caused injury to my clients?

CONCESSION LOCKED — FOR CLOSING: Wood concedes injury ('reflexive muscle strain') was possible

I. No Minimum Threshold for Injury

Q. There is no scientifically established minimum delta-V threshold below which injury cannot occur?

Q. People have been injured in collisions at very low speeds?

Q. Individual factors affect injury susceptibility — age, pre-existing conditions, position at impact?

Q. You cannot say with certainty that these women were NOT injured in this collision?

CONCESSION LOCKED — FOR CLOSING: No minimum delta-V threshold for injury — individual factors matter

J. Degeneration ≠ Pre-Existing Pain

Q. The MRIs showed some degenerative changes?

Q. Degenerative changes are common in adults?

Q. Many people have degenerative changes on imaging but no symptoms?

Q. Neither plaintiff had documented back pain before this collision?

Q. Ms. Saucedo reported no back pain before the accident?

Q. She began experiencing back pain immediately after?

Q. A collision can cause a previously asymptomatic degenerative condition to become symptomatic, can't it?

Q. That's sometimes called 'lighting up' a pre-existing condition?

Q. You don't know whether these women had any symptoms before this collision?

"Nothing further for Dr. Wood."

II. DR. GREGORY W. NELSON, DC, RN, FNP-C — CHIROPRACTIC

CRITICAL CONCESSIONS — DR. NELSON AGREES WITH US

1. CONCEDES CAUSATION: 'I found no pre-existing similar injuries/symptoms and opine, to reasonable medical probability, the crash caused the initial symptoms'
2. CONCEDES INITIAL TREATMENT WAS NECESSARY
3. Only disputes DURATION of treatment — not causation or necessity

A. Never Examined — San Antonio Practice

- Q. Dr. Nelson, you practice in San Antonio?
- Q. That's approximately 250 miles from the Rio Grande Valley?
- Q. You never examined Ms. Saucedo?
- Q. You never examined Ms. Martinez?
- Q. You reviewed records only?

CONCESSION LOCKED — FOR CLOSING: Nelson never examined — practices in different market (San Antonio)

B. LOCK IN THE CAUSATION CONCESSION

STRATEGY: *This is your GOLD. Nelson concedes the collision CAUSED the injuries. Lock it down hard.*

- Q. Dr. Nelson, you reviewed the records in this case?
- Q. You found no evidence of pre-existing similar injuries or symptoms?

Q. In fact, you opine — to reasonable medical probability — that the crash caused the initial symptoms, correct?

IMPEACHMENT — FROM EXPERT'S OWN REPORT:

"I found no pre-existing similar injuries/symptoms and opine, to reasonable medical probability, the crash caused the initial symptoms."

— Nelson Report

- Q. So you agree the collision caused Ms. Saucedo's symptoms?
- Q. And you agree the collision caused Ms. Martinez's symptoms?
- Q. Your opinion is to reasonable medical probability?
- Q. That's the standard used in Texas courts?

CONCESSION LOCKED — FOR CLOSING: NELSON CONCEDES: Collision caused initial symptoms — to reasonable medical probability

C. LOCK IN THE NECESSITY CONCESSION

- Q. You also agree that initial chiropractic treatment was medically necessary?

Q. Your only dispute is with the DURATION of treatment — not whether treatment was needed at all?

Q. So we agree: the collision caused injury, and treatment was necessary?

CONCESSION LOCKED — FOR CLOSING: NELSON CONCEDES: Initial treatment was medically necessary

D. Duration Dispute — But Treatment Continued Because Symptoms Continued

AUDIT EDIT: *Audit edit: 22-23 visits over 8 months is reasonable for persistent post-accident pain, especially when ESI was ultimately needed.*

Q. You claim treatment reached a 'therapeutic plateau'?

Q. But you weren't there examining these patients?

Q. The treating chiropractor was seeing them regularly?

Q. Ms. Saucedo received 23 visits over approximately 8 months?

Q. That's less than 3 visits per month on average?

Q. Given that Ms. Saucedo still needed an epidural steroid injection in January 2018, does 23 visits really sound excessive?

Q. Ms. Martinez received 22 visits?

Q. She also required injections — both lumbar and elbow?

Q. If treatment wasn't helping, why did treating physicians continue to find objective signs of dysfunction?

E. Multiple Providers Found Ongoing Dysfunction

AUDIT EDIT: *Audit edit: Multiple providers independently found signs of ongoing dysfunction — chiropractor AND pain management physician.*

Q. The chiropractor documented objective findings at each visit?

Q. Findings like restricted range of motion?

Q. Muscle spasm?

Q. Positive orthopedic tests?

Q. Dr. Saenz, the pain management physician, also found these patients needed treatment?

Q. When multiple providers — a chiropractor and a medical doctor — independently find ongoing dysfunction, isn't that more reliable than a paper review?

"Nothing further for Dr. Nelson."

III. DR. MATTHEW A. KAPLAN, DO — PAIN MANAGEMENT

DEVASTATING CONCESSION — KAPLAN VALIDATES ENTIRE TREATMENT PATHWAY

Kaplan concedes: 'The patient had chiropractic conservative therapy, remained in significant pain, had MRI showing disc protrusions, got referred to interventional pain management, and received an L4-5 interlaminar epidural steroid injection — considered medically necessary.'

This validates: Chiropractic → Persistent pain → MRI → Pain management referral → ESI

A. Never Examined — Retained by Defense

- Q. Dr. Kaplan, you never examined Ms. Saucedo?
- Q. You never examined Ms. Martinez?
- Q. You were retained by the defense in this case?
- Q. You're being paid for your testimony?

B. LOCK IN THE MEDICAL NECESSITY CONCESSION

STRATEGY: *This is your KILL SHOT. Kaplan concedes the ESI was 'medically necessary.' Lock it down.*

AUDIT EDIT: *Audit edit: Use MRI to rebut — injection at L4-5 where MRI showed pathology. Appropriately targeted.*

- Q. Dr. Kaplan, you reviewed the treatment records in this case?
- Q. Ms. Saucedo first received conservative chiropractic therapy?
- Q. Despite that treatment, she remained in significant pain?
- Q. She then had an MRI that showed disc protrusions?
- Q. She was referred to pain management?
- Q. Dr. Saenz performed an L4-5 epidural steroid injection?

Q. And you consider that injection to have been medically necessary, correct?

IMPEACHMENT — FROM EXPERT'S OWN REPORT:

"The patient had chiropractic conservative therapy, remained in significant pain, had MRI showing disc protrusions, got referred to interventional pain management, and received an L4-5 interlaminar epidural steroid injection — considered medically necessary."

— Kaplan Report

CONCESSION LOCKED — FOR CLOSING: KAPLAN CONCEDES: ESI was medically necessary — validates entire treatment pathway

C. Injection Targeted the Pathology

▲ ACTUAL MRI FINDING: *Martinez L4-L5: Herniated disc with partial tear of annulus fibrosus. Saucedo: Protruding discs at L3-L4, L4-L5, L5-S1.*

Q. The injection was performed at L4-5?

Q. The MRI showed pathology at L4-5?

Q. So the injection was appropriately targeted to the level where imaging showed abnormality?

Q. That's good medical practice?

Q. You don't inject at random levels — you inject where the pathology is?

D. Martinez — Same Treatment Pathway

Q. Ms. Martinez followed a similar treatment course?

Q. Conservative chiropractic therapy?

Q. Continued pain?

Q. MRI showing disc pathology — including a herniated disc with annular tear at L4-5?

Q. Referral to pain management?

Q. Both lumbar and elbow injections?

Q. If the collision didn't cause injury requiring this treatment, why did two different treating physicians find it necessary?

E. Billing Attack Is Arithmetic — Not Medicine

Q. Your report attacks the billing as 'unbundled'?

Q. But you agree the treatment itself was medically necessary?

Q. Billing disputes are about paperwork, not patient care?

Q. The patients still received the treatment?

Q. The treatment was still appropriate?

"Nothing further for Dr. Kaplan."

IV. DR. STEPHEN L. JONES, MD — DIAGNOSTIC RADIOLOGY

KEY VULNERABILITY — 'CLINICAL CORRELATION REQUIRED'

- Radiologists write 'clinical correlation required' because imaging alone cannot determine clinical significance
- Jones cannot opine on treatment necessity — outside his scope as radiologist
- Must acknowledge elbow EFFUSION — not a 'chronic degenerative' finding
- Must acknowledge Martinez L4-L5 ANNULAR TEAR and bright T2 signal

A. Never Examined — Radiologist, Not Treating Physician

- Q. Dr. Jones, you are a diagnostic radiologist?
- Q. You interpret imaging studies?
- Q. You don't physically examine patients?
- Q. You don't take medical histories?
- Q. You don't treat patients?
- Q. You never examined Ms. Saucedo?
- Q. You never examined Ms. Martinez?

B. 'Clinical Correlation Required'

STRATEGY: *This is your KILL SHOT for Jones. Radiologists cannot determine clinical necessity from images alone.*

AUDIT EDIT: *Audit edit: Even absent explicit 'acute' findings, the need for ESI suggests clinically significant impingement.*

Q. Dr. Jones, when radiologists interpret imaging, they often write 'clinical correlation required'?

Q. That phrase means the imaging findings must be interpreted in light of the patient's clinical presentation?

Q. Because imaging alone cannot tell you whether a patient is symptomatic?

Q. A patient's symptoms — their pain, their functional limitations — require clinical correlation, not just radiology?

Q. Two people can have identical MRI findings, and one has pain while the other doesn't?

Q. The treating physician who examines the patient determines clinical significance?

Q. Not the radiologist reading films in another building?

CONCESSION LOCKED — FOR CLOSING: Radiology requires 'clinical correlation' — imaging alone cannot determine necessity

C. The Elbow Effusion — NOT Chronic

AUDIT EDIT: *Audit edit: Joint effusion in elbow is not typical of pure degeneration — indicates acute process.*

▲ ACTUAL MRI FINDING: *Martinez elbow: Meniscal tear with meniscal flap + JOINT EFFUSION*

Q. Ms. Martinez's elbow MRI showed joint effusion?

Q. Effusion means fluid in the joint?

Q. Joint effusion typically indicates an acute process — recent injury or inflammation?

Q. Joint effusion is NOT a typical finding of pure chronic degeneration, is it?

Q. The MRI also showed a tear of the lateral meniscus?

Q. A tear with effusion is more consistent with trauma than with wear and tear?

D. Martinez L4-L5 — Annular Tear and T2 Signal

Q. You reviewed Ms. Martinez's lumbar MRI?

Q. At L4-L5, the MRI showed a herniated disc?

Q. With partial tear of the annulus fibrosus?

Q. An annular tear is not simply 'chronic degeneration,' is it?

Q. The MRI also showed a bright signal focus on T2 sequence at that level?

Q. Bright T2 signal can indicate inflammation or an active process?

Q. That's not consistent with old, chronic degeneration?

E. Outside Scope — Treatment Necessity

Q. Dr. Jones, as a radiologist, do you make treatment decisions?

Q. You don't decide whether patients need injections?

Q. You don't decide whether chiropractic treatment is appropriate?

Q. Those decisions are made by treating physicians who examine the patient?

Q. So any opinion you offer about treatment necessity is outside your scope as a radiologist?

F. Soft Tissue Injuries Don't Always Show on MRI

Q. MRI is excellent for some findings but has limitations?

Q. Soft tissue injuries — muscle strains, ligament sprains — may not always appear on MRI?

Q. A patient can have real, painful soft tissue injury with a 'normal' MRI?

Q. The absence of certain MRI findings doesn't mean the patient isn't injured or in pain?

"Nothing further for Dr. Jones."

V. HOLLY J. GOODINE, CPC — BILLING/CODING

KEY VULNERABILITIES — NOT A MEDICAL PROFESSIONAL

- NOT a doctor — Certified Professional Coder
- From Plymouth, WISCONSIN — never practiced in Texas or RGV
- Uses MEDICARE rates (government-controlled) — not private market rates
- Cannot opine on medical necessity or whether treatment occurred
- No understanding of letter-of-protection (LOP) market dynamics

A. Not a Medical Professional

- Q. Ms. Goodine, you are not a medical doctor?
- Q. You are not a nurse?
- Q. You are not a chiropractor?
- Q. You are a Certified Professional Coder?
- Q. Your job is to review billing codes?
- Q. You review paperwork, not patients?

B. Cannot Opine on Medical Necessity

- Q. You cannot determine whether treatment was medically necessary?
- Q. You cannot determine whether a patient needed an epidural injection?
- Q. You cannot determine whether chiropractic treatment was appropriate?
- Q. Those are medical judgments?
- Q. And you are not qualified to make medical judgments?

CONCESSION LOCKED — FOR CLOSING: Goodine cannot opine on medical necessity — codes only, not medicine

C. From Wisconsin — Not Texas

AUDIT EDIT: *Audit edit: Question whether her opinions consider actual Texas/RGV payment rates vs. Wisconsin/Medicare.*

- Q. Ms. Goodine, you are from Plymouth, Wisconsin?
- Q. That's approximately 1,500 miles from the Rio Grande Valley?
- Q. You don't practice in Texas?
- Q. You're not familiar with the Rio Grande Valley medical market?
- Q. Healthcare costs vary by region?
- Q. What's customary in Wisconsin may not be customary in Texas?

CONCESSION LOCKED — FOR CLOSING: Goodine practices in Wisconsin — not familiar with Texas/RGV market

D. Medicare Rates Are Government-Controlled — Not Market Rates

- Q. Your analysis relies on Medicare reimbursement rates?
- Q. Medicare rates are set by the federal government?
- Q. They're not market rates?
- Q. Medicare rates are often significantly lower than what private insurers pay?
- Q. And lower than what providers charge in the private market?
- Q. Medicare rates don't reflect what services actually cost to provide, do they?**
- Q. Providers who accept only Medicare rates often operate at a loss or barely break even?
- Q. The charges in this case are from private providers, not Medicare?

E. No Understanding of LOP Market

- Q. Ms. Goodine, are you familiar with 'letters of protection'?
- Q. Do you understand how the LOP market works in personal injury cases?
- Q. Providers who treat on LOPs take on risk — they may never get paid if the case is lost?
- Q. That risk is reflected in their charges?
- Q. Did you account for the LOP risk factor in your analysis?

F. 'Usual and Customary' — What Standard?

- Q. You use the phrase 'usual and customary'?
- Q. Usual and customary according to whom?
- Q. Medicare?
- Q. Wisconsin providers?
- Q. Not according to what Rio Grande Valley providers actually charge?
- Q. If a charge is what the provider actually charges all patients, isn't that the provider's 'usual and customary' rate?**

"Nothing further for Ms. Goodine."

SUMMARY OF CONCESSIONS FOR CLOSING ARGUMENT

EXPERT	KEY CONCESSION
Dr. Wood	Concedes 'reflexive muscle strain' possible; never examined; aerospace ≠ orthopedics; 'days' prediction contradicted by 8-month treatment course and ESI
Dr. Nelson	CONCEDES CAUSATION: 'crash caused the initial symptoms' — CONCEDES initial treatment medically necessary
Dr. Kaplan	CONCEDES ESI 'medically necessary' — validates entire treatment pathway from chiropractic → MRI → pain management → injection
Dr. Jones	Radiologist cannot determine clinical necessity; must acknowledge effusion (acute) and annular tear; 'clinical correlation required'
Ms. Goodine	Not medical professional; Wisconsin not Texas; Medicare rates not market rates; cannot opine on necessity

CLOSING THEME: 'The defense hired five experts. NONE examined my clients. Two of them — Dr. Nelson and Dr. Kaplan — actually AGREE: the collision caused the injuries and treatment was necessary.'

END OF CROSS-EXAMINATION SCRIPTS — AUDIT REVISED

NO. C-2344-19-E

**SANTA CRUZ DE LEON SAUCEDA
AND MARTHA MARTINEZ
Plaintiffs,**

V.

**IRAISY MONTALVO REYNA
Defendant.**

§
§
§
§
§
§
§
§

IN THE DISTRICT COURT

275TH JUDICIAL DISTRICT

OF HIDALGO COUNTY, TEXAS

CHARGE OF THE COURT

MEMBERS OF THE JURY:

After the closing arguments, you will go to the jury room to decide the case, answer the questions that are attached, and reach a verdict. You may discuss the case with other jurors only when you are all together in the jury room.

Remember my previous instructions: Do not discuss the case with anyone else, either in person or by any other means. Do not do any independent investigation about the case or conduct any research. Do not look up any words in dictionaries or on the Internet. Do not post information about the case on the Internet. Do not share any special knowledge or experiences with the other jurors. Do not use your phone or any other electronic device during your deliberations for any reason.

Any notes you have taken are for your own personal use. You may take your notes back into the jury room and consult them during deliberations, but do not show or read your notes to your fellow jurors during your deliberations. Your notes are not evidence. Each of you should rely on your independent recollection of the evidence and not be influenced by the fact that another juror has or has not taken notes.

Here are the instructions for answering the questions.

1. Do not let bias, prejudice, or sympathy play any part in your decision.
2. Base your answers only on the evidence admitted in court and on the law that is in these instructions and questions. Do not consider or discuss any evidence that was not admitted in the courtroom.
3. You are to make up your own minds about the facts. You are the sole judges of the credibility of the witnesses and the weight to give their testimony. But on matters of law, you must follow all of my instructions.
4. If my instructions use a word in a way that is different from its ordinary meaning, use the meaning I give you, which will be a proper legal definition.
5. All the questions and answers are important. No one should say that any question or answer is not important.
6. Answer “yes” or “no” to all questions unless you are told otherwise. A “yes” answer must be based on a preponderance of the evidence. Whenever a question requires an answer other than “yes” or “no,” your answer must be based on a preponderance of the evidence. The term “preponderance of the evidence” means the greater weight of credible evidence presented in this case. If you do not find that a preponderance of the evidence supports a “yes” answer, then answer “no.” A preponderance of the evidence is not measured by the number of witnesses or by the number of documents admitted in evidence. For a fact to be proved by a preponderance of the evidence, you must find that the fact is more likely true than not true.
7. Do not decide who you think should win before you answer the questions and then just answer the questions to match your decision. Answer each question carefully without considering who will win. Do not discuss or consider the effect your answers will have.

8. Do not answer questions by drawing straws or by any method of chance.
9. Some questions might ask you for a dollar amount. Do not agree in advance to decide on a dollar amount by adding up each juror's amount and then figuring the average.
10. Do not trade your answers. For example, do not say, "I will answer this question your way if you answer another question my way."
11. The answers to the questions must be based on the decision of at least ten of the twelve jurors. The same ten jurors must agree on every answer. Do not agree to be bound by a vote of anything less than ten jurors, even if it would be a majority.

As I have said before, if you do not follow these instructions, you will be guilty of juror misconduct, and I might have to order a new trial and start this process over again. This would waste your time and the parties' money, and would require the taxpayers of this county to pay for another trial. If a juror breaks any of these rules, tell that person to stop and report it to me immediately.

DEFINITIONS

“Negligence” means failure to use ordinary care, that is, failing to do that which a person of ordinary prudence would have done under the same or similar circumstances, or doing that which a person of ordinary prudence would not have done under the same or similar circumstances.

“Ordinary care” means that degree of care that would be used by a person of ordinary prudence under the same or similar circumstances.

“Proximate cause” means a cause that was a substantial factor in bringing about an event, and without which cause such event would not have occurred. In order to be a proximate cause, the act or omission complained of must be such that a person using ordinary care would have foreseen that the event, or some similar event, might reasonably result therefrom. There may be more than one proximate cause of an event.

“Occurrence in question” means the motor vehicle collision that occurred on or about September 28, 2017.

“Physical pain and mental anguish” means the conscious physical pain and emotional pain, torment, and suffering experienced by the Plaintiff as a result of the occurrence in question.

“Physical impairment” means the loss of the Plaintiff’s former physical capabilities. In determining compensation for physical impairment, if any, you shall consider the effect of any physical impairment on the Plaintiff’s former lifestyle. “Physical impairment” includes loss of enjoyment of life.

INSTRUCTIONS FOR DAMAGES QUESTIONS

Do not add any amount for interest on damages.

Do not consider or include any amount for any condition not resulting from the occurrence in question.

Answer each question separately. Do not speculate about what any party's ultimate recovery may or may not be. Any recovery will be determined by the Court when it applies the law to your answers at the time of judgment.

QUESTION NO. 1:

Did the negligence, if any, of Iraissy Montalvo Reyna proximately cause the occurrence in question?

Answer "Yes" or "No": _____

Only if you answered "Yes" to Question No. 1, answer Question No. 2.

QUESTION NO. 2:

What sum of money, if paid now in cash, would fairly and reasonably compensate Santa Cruz De Leon Saucedo for her injuries, if any, that resulted from the occurrence in question?

Consider the elements of damages listed below and none other. Consider each element separately. Do not award any sum of money on any element if you have otherwise, under some other element, awarded a sum of money for the same loss. That is, do not compensate twice for the same loss, if any. Do not include interest on any amount of damages you find.

Answer in dollars and cents for damages, if any.

(a) Physical pain and mental anguish sustained in the past.

Answer: \$ _____

(b) Physical pain and mental anguish that, in reasonable probability, will be sustained in the future.

Answer: \$ _____

(c) Physical impairment sustained in the past.

Answer: \$ _____

(d) Physical impairment that, in reasonable probability, will be sustained in the future.

Answer: \$ _____

(e) Medical care expenses incurred in the past.

Answer: \$ _____

Only if you answered "Yes" to Question No. 1, answer Question No. 3.

QUESTION NO. 3:

What sum of money, if paid now in cash, would fairly and reasonably compensate Martha Martinez for her injuries, if any, that resulted from the occurrence in question?

Consider the elements of damages listed below and none other. Consider each element separately. Do not award any sum of money on any element if you have otherwise, under some other element, awarded a sum of money for the same loss. That is, do not compensate twice for the same loss, if any. Do not include interest on any amount of damages you find.

Answer in dollars and cents for damages, if any.

(a) Physical pain and mental anguish sustained in the past.

Answer: \$ _____

(b) Physical pain and mental anguish that, in reasonable probability, will be sustained in the future.

Answer: \$ _____

(c) Physical impairment sustained in the past.

Answer: \$ _____

(d) Physical impairment that, in reasonable probability, will be sustained in the future.

Answer: \$ _____

(e) Medical care expenses incurred in the past.

Answer: \$ _____

PRESIDING JUROR

1. When you go into the jury room to answer the questions, the first thing you will need to do is choose a presiding juror.

2. The presiding juror has these duties:
 - (a) have the complete charge read aloud if it will be helpful to your deliberations;
 - (b) preside over your deliberations, meaning manage the discussions, and see that you follow these instructions;
 - (c) give written questions or comments to the bailiff who will give them to the judge;
 - (d) write down the answers you agree on;
 - (e) get the signatures for the verdict certificate; and
 - (f) notify the bailiff that you have reached a verdict.

Do you understand the duties of the presiding juror? If you do not, please tell me now.

INSTRUCTIONS FOR SIGNING THE VERDICT CERTIFICATE

1. You may answer the questions on a vote of ten jurors. The same ten jurors must agree on every answer in the charge. This means you may not have one group of ten jurors agree on one answer and a different group of ten jurors agree on another answer.

2. If ten jurors agree on every answer, those ten jurors sign the verdict.

If eleven jurors agree on every answer, those eleven jurors sign the verdict.

If all twelve of you agree on every answer, you are unanimous and only the presiding juror signs the verdict.

3. All jurors should deliberate on every question. You may end up with all twelve of you agreeing on some answers, while only ten or eleven of you agree on other answers. But when you sign the verdict, only those ten who agree on every answer will sign the verdict.

Do you understand these instructions? If you do not, please tell me now.

SIGNED THIS 11th of February, 2026.

JUDGE ISRAEL RAMON PRESIDING BY
ASSIGNMENT

VERDICT CERTIFICATE

Check one:

Our verdict is unanimous. All twelve of us have agreed to each and every answer. The presiding juror has signed the certificate for all twelve of us.

Signed this 11th day of February, 2026.

Signature of Presiding Juror

Printed Name of Presiding Juror

Our verdict is not unanimous. Eleven of us have agreed to each and every answer and have signed the certificate below.

Our verdict is not unanimous. Ten of us have agreed to each and every answer and have signed the certificate below.

Signed this 11th day of February, 2026.

SIGNATURE	NAME PRINTED
1.	
2.	
3.	
4.	
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8.	
9.	
10.	
11.	

CLOSING ARGUMENT
PLAINTIFFS

Santa Cruz De Leon Sauceda and Martha Martinez

v.

Iraissy Montalvo Reyna

Cause No. C-2344-19-E

275th District Court, Hidalgo County, Texas

Trial Date: February 2026

Estimated Time: 20-25 minutes

(Plus 5-7 minutes for rebuttal)

I. INTRODUCTION – RESPONSIBILITY [2-3 min]

[Stand at podium. Make eye contact with entire jury. Speak slowly.]

Ladies and gentlemen of the jury,

— PAUSE —

When we started this case, I told you it was about a simple rule of the road. A rule that every one of us depends on every time we get behind the wheel: when you are driving, you must keep a proper lookout, control your speed, and never put yourself in a position where you strike the car in front of you.

Now that you have heard all the evidence, that question is no longer abstract. It is concrete. It has names. It has faces. It has consequences.

— PAUSE —

On September 28, 2017, Santa Cruz De Leon Saucedo was stopped in her lane of traffic on FM 3072. Martha Martinez was seated beside her in the passenger seat. They were doing exactly what the law requires. They were where they were supposed to be.

The Defendant, Iraissy Montalvo Reyna, came up behind them. She attempted to pass in a no-passing zone. And she struck their vehicle from behind.

That much is not disputed.

II. LIABILITY – THE FIRST QUESTION [4-5 min]

[Walk the jury through the liability evidence.]

The law requires a driver to keep a proper lookout, control their speed, and maintain a safe distance. When a driver fails to do that and strikes a stopped vehicle, that is negligence. Not an accident in the everyday sense of the word—negligence in the legal sense.

Let me walk you through what the evidence showed.

The Police Investigation

Officer Valdez of the Hidalgo Police Department responded to the scene. He investigated. He spoke to both drivers. He observed the roadway and the damage. He documented what he found.

His report placed responsibility where it belonged—on the Defendant.

You heard the Defendant herself say she would be 'surprised' to learn she was found at fault. But surprise does not change reality. The evidence is what it is.

— PAUSE —

The Physical Evidence

You saw the photographs. You saw the damage to the rear and side of Ms. Saucedá's Chevrolet HHR. You saw the property damage estimate from Vic's Auto Rebuilders.

That damage does not happen unless the trailing driver fails to maintain proper control and clearance. That damage tells you what happened on FM 3072.

What the Evidence Does NOT Show

Nothing in the evidence shows that Ms. Saucedá did anything wrong.

Nothing shows that she suddenly reversed. Nothing shows that she suddenly braked.
Nothing shows that she cut anyone off. She was stopped. She was lawfully in her lane.

Nothing shows that Ms. Martinez caused or contributed to this collision. She was a passenger.

The only evidence you have points one way.

— PAUSE —

That answers the first question on the charge: Was the Defendant negligent? The evidence says yes.

III. CAUSATION – DID THE NEGLIGENCE CAUSE INJURY? [5-6 min]

[Address defense arguments head-on before they can take root.]

The second question is whether that negligence caused injuries.

This is where defense arguments often drift away from real life. You heard suggestions that because there was no ambulance, because the cars were not destroyed, because the injuries were 'soft tissue,' maybe nothing serious happened.

Let me address those arguments directly.

— PAUSE —

The 'No Ambulance' Argument

The law does not require an ambulance ride to prove injury.

You heard Officer Valdez explain that when a crash report says 'no ambulance,' it means no one required emergency transport at that moment. It does not mean no one was injured.

In real life—not in movies, but in real life—people do not always know they are hurt right away. Adrenaline masks pain. Stress masks pain. The body's own response to trauma masks pain.

Later that evening, and certainly by the next morning, the pain came. That is exactly what the medical evidence shows.

— PAUSE —

The 'Low Impact' Argument

The defense suggested that the amount of vehicle damage tells you whether injuries occurred.

But you heard no medical testimony saying that. You heard no expert explaining that force does not transfer to the human body unless metal is crushed.

Cars are designed to absorb impact. Crumple zones. Bumper systems. That is good engineering.

But the human body is not designed the same way.

The force that the car absorbs still has to go somewhere. And when a vehicle is struck from behind, the people inside feel that force—even if the bumper looks fine.

— PAUSE —

The 'Soft Tissue' Argument

The law does not require broken bones. The law does not require surgery. The law does not require a dramatic injury to be real.

Soft tissue injuries—injuries to muscles, ligaments, tendons, nerves—are real injuries. They cause real pain. They require real treatment. And sometimes, they do not fully heal.

What the law requires is credible evidence. And you have it.

IV. SANTA CRUZ DE LEON SAUCEDA'S INJURIES [3-4 min]

[Humanize. Be specific.]

You heard from Ms. Saucedo.

Before this crash, she worked a physically demanding job. She had no history of lower-back problems. She was not seeing doctors. She was not taking pain medication. She was living her life.

After the crash, she began experiencing pain in her lower back. Pain that affected her ability to bend. Pain that affected her ability to lift. Pain that affected her ability to sit at work. Pain that affected her ability to sleep.

She tried to push through it. When it did not go away, she sought treatment.

— PAUSE —

She did not rush to an emergency room. She did not demand surgery. She followed the most conservative path possible.

She went to Chiro Sync, where Dr. Gosalvez provided chiropractic care. When that was not enough, she was referred for imaging at Upper Valley Radiology and Digital Views. When the pain persisted, she was referred to Texas Pain Clinic, where Dr. Saenza provided injections.

The injections helped. That matters—because it shows the pain was real and responsive to medical intervention.

When treatment became unaffordable, she stopped. Not because she was cured. Because she could not afford to continue.

That is not exaggeration. That is restraint.

V. MARTHA MARTINEZ'S INJURIES [3-4 min]

You heard from Ms. Martinez.

She was the passenger that day. She had no prior problems with her neck, her back, her hip, or her grip strength. She was working. She was functioning. She was living her life.

After the crash, she began experiencing pain in her neck, her back, and her hip. She began losing strength in her left hand. She had difficulty walking. She struggled to do the work she had done for years.

Her treatment followed the same path—conservative care first at Chiro Sync with Dr. Gosalvez, then imaging, then pain management at Texas Pain Clinic with Dr. Saenza. Injections. Therapy.

The injections helped. When the pain returned, she sought care again—not to build a lawsuit, but to function.

— PAUSE —

Credibility

Neither Plaintiff could tell you at trial how much their treatment cost at the time they received it. They were not thinking about numbers. They were thinking about getting through the day.

That is not what fake injuries look like.

Fake injuries come with memorized numbers. Fake injuries come with rehearsed stories. Fake injuries come with exaggeration.

What you heard from these two women was the truth. Imperfect. Uncertain at times. Human. Real.

VI. DAMAGES – THE NUMBERS [4-5 min]

[This is where you anchor the jury to specific figures.]

Now let me talk about damages.

Money damages are not a reward. They are not a bonus. They are not a lottery prize. They are the only tool the law gives you to address medical expenses, physical pain, and the disruption of daily life caused by someone else's negligence.

You are not being asked to punish the Defendant. You are not being asked to send a message. You are being asked to make things right—as best the law allows.

— PAUSE —

Past Medical Expenses – Santa Cruz De Leon Saucedo

Ms. Saucedo's medical bills total \$16,540.

That includes \$7,815 at Chiro Sync for chiropractic treatment.

\$5,275 at Texas Pain Clinic for pain management and injections.

\$2,500 at Upper Valley Radiology for imaging.

\$950 at Digital Views for diagnostic imaging.

Those services were rendered. They were reasonable. They were necessary. Those numbers are not guesses. They are documented.

— PAUSE —

Past Medical Expenses – Martha Martinez

Ms. Martinez's medical bills total \$20,465.

That includes \$7,590 at Chiro Sync.

\$6,925 at Texas Pain Clinic.

\$5,000 at Upper Valley Radiology.

\$950 at Digital Views.

Again—documented treatment. Real services. Real expenses.

— PAUSE —

Combined Medical Expenses

Together, the past medical expenses for both Plaintiffs total \$37,005.

That is the floor. That is what has already been spent to treat the injuries the Defendant caused. The law says they are entitled to recover that.

VII. PAIN, SUFFERING, AND MENTAL ANGUISH [3-4 min]

[No formula. Give them permission to value pain.]

For physical pain and mental anguish, there is no receipt. There is no formula. The law entrusts that judgment to you.

Think about waking up with back pain that does not go away.

Think about losing grip strength in your hand and wondering whether it will come back.

Think about changing how you work, how you sleep, how you move—because of a crash you did not cause.

Think about the frustration of wanting to do something and having your body say no.

Think about the worry. The uncertainty. The loss of the life you had before.

— PAUSE —

That has value. The law says it does.

I am not going to insult your intelligence by putting a precise dollar figure on pain. That is not my job. That is yours.

But I will tell you this: whatever number you choose, it should mean something. It should reflect the reality of what these two women went through. It should be fair.

Not excessive. Not punitive. Fair.

VIII. THE JURY CHARGE – YOUR ROADMAP [2-3 min]

[Walk them through the questions they will answer.]

When you retire to deliberate, the Court will give you a charge with specific questions. Let me walk you through what you will be asked.

— PAUSE —

Question 1: Negligence

Did the negligence, if any, of Iraissy Montalvo Reyna proximately cause the occurrence in question?

The evidence says yes. She struck a stopped vehicle from behind while attempting to pass in a no-passing zone. That is negligence. Answer: Yes.

— PAUSE —

Question 2: Damages – Santa Cruz De Leon Saucedo

What sum of money would fairly and reasonably compensate Santa Cruz De Leon Saucedo for her injuries?

You will be asked to consider: past medical expenses, past physical pain and mental anguish, past physical impairment, and past loss of enjoyment of life.

The medical bills alone are \$16,540. Add to that fair compensation for the pain she endured and continues to endure.

— PAUSE —

Question 3: Damages – Martha Martinez

What sum of money would fairly and reasonably compensate Martha Martinez for her injuries?

Same categories. The medical bills are \$20,465. Add to that fair compensation for her pain, her lost grip strength, her difficulty walking, her disrupted life.

— PAUSE —

Those are the questions. The evidence gives you the answers.

IX. CONCLUSION [2-3 min]

[Bring it home. Clear. Direct. Confident.]

Ladies and gentlemen, this case is not complicated.

A driver struck a stopped vehicle from behind. Two people were hurt. They sought treatment. They followed the conservative path. They did not exaggerate. They told you the truth.

The law says that when someone's negligence causes harm, they are responsible for the consequences. Not because we want revenge. Not because we want punishment. Because that is how our system works. That is how we hold each other accountable.

— PAUSE —

Ms. Saucedo and Ms. Martinez did not ask to be in this courtroom. They did not ask to be hurt. They were stopped in their lane, minding their own business, when the Defendant's negligence changed their lives.

We ask that you return a verdict that follows the evidence, applies the law, and does justice in this case.

— PAUSE —

Not dramatic justice. Not symbolic justice. Just fair justice.

Thank you for your time, your attention, and your service.

[Sit down.]

REBUTTAL CLOSING ARGUMENT

(5-7 minutes – Adapt based on defense closing)

[Listen carefully to defense closing. Address only their strongest points. Do not repeat your entire closing.]

REBUTTAL OPENING

Ladies and gentlemen, I have just a few minutes to respond to what you heard from the defense.

— PAUSE —

IF DEFENSE ARGUED 'NO AMBULANCE'

The defense made much of the fact that no ambulance was called. But let me ask you this: How many of you have been sore the day after something happened—after a fall, after a fender bender, after lifting something wrong—even though you felt fine at first?

That is how the human body works. Pain does not always announce itself immediately. The evidence showed that these injuries developed in the hours and days after the crash. That is exactly what the medical literature describes. That is real.

— PAUSE —

IF DEFENSE ARGUED 'LOW IMPACT / MINOR DAMAGE'

The defense showed you photographs and said the damage was minor. But they did not bring you a single medical expert to say that minor damage means no injury.

You know why? Because that is not how medicine works. Cars absorb impact. Bodies feel it. The force has to go somewhere.

Dr. Gosalvez examined these patients. Dr. Saenza examined these patients. They documented real findings. They provided real treatment. The injections worked—which tells you the pain was real.

A photograph of a bumper does not tell you what happened inside the car. The medical evidence does.

— PAUSE —

IF DEFENSE ARGUED 'CHIROPRACTORS AREN'T REAL DOCTORS'

The defense suggested that chiropractic care is somehow less legitimate than other treatment.

But chiropractors are licensed healthcare providers in Texas. They are trained specifically in musculoskeletal injuries—exactly the type of injuries involved in this case.

And more importantly: Ms. Saucedo and Ms. Martinez did not stop with chiropractic care. When it was not enough, they were referred to medical doctors. They had imaging. They received injections from a pain management physician.

They followed the conservative path that responsible patients follow. That is not a weakness. That is exactly what you would want your own family to do.

— PAUSE —

IF DEFENSE ARGUED 'THEY STOPPED TREATING'

The defense pointed out that treatment stopped at some point. They want you to think that means the injuries went away.

But you heard the reason: cost. Insurance. The reality of life.

Stopping treatment because you cannot afford it is not the same as being cured. Both Plaintiffs told you they still have pain. That is the truth.

— PAUSE —

IF DEFENSE ARGUED 'NO LOST WAGES'

The defense pointed out that neither Plaintiff claimed lost wages.

That is true. And do you know what that tells you? It tells you they are not here to inflate anything. They are not here to pad the numbers. They worked through pain when they could. They did not turn every hardship into a dollar sign.

That is credibility. That is restraint. That supports their case—it does not undermine it.

— PAUSE —

REBUTTAL CLOSE

The defense wants you to find reasons to say no. They want you to focus on what is not in this case—no ambulance, no surgery, no lost wages—instead of what is in this case.

What is in this case is a rear-end collision. A police report placing fault on the Defendant. Two women with documented injuries. Four medical providers. \$37,005 in medical bills. And ongoing pain.

That is the evidence. That is what you have to work with.

— PAUSE —

We ask for a verdict that follows the evidence.

Thank you.

[Sit down.]

REFERENCE: DAMAGES SUMMARY FOR CLOSING

SANTA CRUZ DE LEON SAUCEDA

CATEGORY	AMOUNT
Chiro Sync (Dr. Gosalvez)	\$7,815.00
Texas Pain Clinic (Dr. Saenza)	\$5,275.00
Upper Valley Radiology (Dr. Martin)	\$2,500.00
Digital Views	\$950.00
TOTAL PAST MEDICAL EXPENSES	\$16,540.00
<i>Past Physical Pain and Mental Anguish</i>	<i>[Jury Discretion]</i>
<i>Past Physical Impairment</i>	<i>[Jury Discretion]</i>

MARTHA MARTINEZ

CATEGORY	AMOUNT
Chiro Sync (Dr. Gosalvez)	\$7,590.00
Texas Pain Clinic (Dr. Saenza)	\$6,925.00
Upper Valley Radiology (Dr. Martin)	\$5,000.00
Digital Views	\$950.00
TOTAL PAST MEDICAL EXPENSES	\$20,465.00
<i>Past Physical Pain and Mental Anguish</i>	<i>[Jury Discretion]</i>
<i>Past Physical Impairment</i>	<i>[Jury Discretion]</i>

COMBINED TOTALS

Total Past Medical Expenses (Both Plaintiffs): **\$37,005.00**

Total Pain, Suffering, Impairment (Both Plaintiffs): *[Jury Discretion]*

REFERENCE: KEY PHRASES FOR CLOSING

On Liability:

- "That much is not disputed."
- "The only evidence you have points one way."
- "Surprise does not change reality."
- "That is negligence in the legal sense."

On Causation:

- "The law does not require broken bones."
- "The law does not require surgery."
- "The law does not require a dramatic ambulance ride."
- "Cars absorb impact. Bodies feel it."
- "The force has to go somewhere."

On Credibility:

- "That is not what fake injuries look like."
- "That is not exaggeration. That is restraint."
- "Imperfect. Uncertain at times. Human. Real."

On Damages:

- "Money damages are not a reward. They are the only tool the law gives you."
- "That is the floor. That is what has already been spent."
- "That has value. The law says it does."
- "Whatever number you choose, it should mean something."

Closing Lines:

- "Not dramatic justice. Not symbolic justice. Just fair justice."
- "We ask for a verdict that follows the evidence."
- "That is how we hold each other accountable."

TRIAL OBJECTIONS GUIDE
PLAINTIFFS' TRIAL NOTEBOOK

Santa Cruz De Leon Saucedo and Martha Martinez

v.

Iraissy Montalvo Reyna

Cause No. C-2344-19-E

275th District Court, Hidalgo County, Texas

I. QUICK REFERENCE BENCH CARD

Keep this page visible at counsel table. One-line objections with Texas Rules of Evidence citations.

OBJECTION	ONE-SENTENCE BASIS
Relevance (401/402)	"Doesn't make any fact of consequence more or less probable."
Unfair Prejudice (403)	"Unfair prejudice/misleading/confusion substantially outweighs probative value."
Speculation (602)	"No personal knowledge; calls for guessing."
Lay Opinion (701)	"Calls for conclusions beyond witness's perception."
Expert Required (702)	"Medical/biomechanics opinion requires qualified expert foundation."
Argumentative (611)	"Counsel is testifying; question is argumentative."
Asked & Answered (611)	"This has been asked and answered; counsel is badgering."
Misstates Record (611)	"Counsel is mischaracterizing the testimony/evidence."
Completeness (106)	"If part is read, the rest must be admitted to avoid misimpression."
Hearsay (801/802)	"Out-of-court statement offered for truth of the matter asserted."
Leading (611)	"Leading question on direct examination."
Beyond Scope (611)	"Beyond the scope of direct examination."
Collateral Source (411)	"Improper inquiry into insurance/payment source."

II. "IF DEFENSE SAYS X, OBJECT Y" – QUICK RESPONSE GRID

Case-specific triggers based on deposition testimony, discovery responses, and predicted defense themes.

IF DEFENSE SAYS/ASKS...	OBJECTION	CURATIVE ASK
"No ambulance was called, so they weren't really hurt"	Argumentative (611); Improper medical inference (702)	Instruct: absence of EMS transport is not medical determination of no injury
"The damage was minor – look at the photos"	Argumentative (611); Expert required for biomechanics (702)	Instruct: counsel's biomechanics argument is not evidence
"Chiropractors aren't real doctors"	Argumentative (611); Unfair prejudice (403)	Limit to this plaintiff's actual treatment; no attacks on profession
"They didn't pay anything – these are paper bills"	Collateral source (411); Relevance (401)	Avoid payment-source questions; focus on reasonable/necessary
"They didn't claim lost wages, so they weren't hurt"	Relevance (401); Misleading (403); Argumentative (611)	Instruct: damage categories not mandatory; absence of one is not evidence of no injury
"The police report doesn't mean anything"	Argumentative (611); Misleading (403)	Instruct: report is evidence to extent admitted; argument for closing
"She doesn't remember crossing the yellow line"	Argumentative (611) if counsel testifies	"Please instruct counsel to ask questions, not testify"
"They stopped treating – they must be fine now"	Argumentative (611); Misleading (403)	Gap in treatment can have many causes; not evidence of cure
[Quotes depo out of context]	Misstates record (611); Completeness (106)	"May I approach with transcript? Request full Q/A for context"
[Questions about Mexico/residency/border]	Relevance (401); Unfair prejudice (403)	Limit to treatment logistics only; exclude residency insinuations
"They were referred by a lawyer"	Relevance (401); Unfair prejudice (403)	Source of referral doesn't change treatment received or injuries

III. DETAILED OBJECTION CATEGORIES – CASE-SPECIFIC

A. Police Report / Officer Testimony / Fault Language

A1. Defense tries to minimize the report or claim it's "just paperwork"

WHY IT'S LIKELY: Reyna testified she was "surprised" to learn she was placed at fault in the police report. This telegraphs a built-in "I disagree with the report" posture that defense will exploit.

OBJECTION: "Objection, relevance and misleading the jury."

Rule: Tex. R. Evid. 401, 403

OBJECTION: "Objection, argumentative – counsel is testifying."

Rule: Tex. R. Evid. 611(a)

CURATIVE REQUEST: "Your Honor, I ask the jury be instructed that the report may be considered as evidence to the extent admitted; counsel's argument about what it 'means' is for closing."

A2. Defense uses "no ambulance" to argue "no injury"

WHY IT'S LIKELY: Reyna testified: "No ambulance arrived and nothing arrived. I left and they left." This is a neon sign for the defense theme that "they weren't really hurt."

OBJECTION: "Objection, relevance and misleading the jury."

Rule: Tex. R. Evid. 401, 403

OBJECTION: "Objection, improper medical inference – requires expert."

Rule: Tex. R. Evid. 702

CURATIVE REQUEST: "Instruction that refusal or absence of EMS transport is not a medical determination and does not prove absence of injury."

A3. Defense objects to officer saying "at fault" as legal conclusion

WHY IT'S LIKELY: Reyna is pinned to the report's fault designation. Defense will fight use of the term "at fault" from the officer.

Your position: Let the officer testify to what he did, observed, and recorded. Avoid biomechanics. If defense pushes the officer beyond his role, YOU object.

OBJECTION: "If defense elicits causation theories beyond investigation: improper expert, beyond scope."

Rule: Tex. R. Evid. 702, 703, 611(a)

B. Lane Lines / No-Passing Zone / Collision Mechanics

B1. Defense tries to soften lane-crossing or claim Reyna "doesn't remember"

WHY IT'S LIKELY: *Reyna testified "I don't remember" when asked about stepping into yellow lines before impact. Defense will use "can't recall" to argue uncertainty about mechanics.*

OBJECTION: "Objection, asked and answered."

Rule: Tex. R. Evid. 611(a)

OBJECTION: "Objection, argumentative – counsel is testifying."

Rule: Tex. R. Evid. 611(a)

OBJECTION: "Objection, speculation – calls for witness to guess."

Rule: Tex. R. Evid. 602

CURATIVE REQUEST: "Please instruct counsel to ask a question, not testify."

B2. Defense attacks "no-passing zone" as exaggeration

WHY IT'S LIKELY: *Plaintiffs' interrogatory states Reyna attempted to "pass over to the inside lane in a no passing zone." Defense will contest this characterization.*

OBJECTION: "Objection, mischaracterizes the evidence."

Rule: Tex. R. Evid. 611(a)

OBJECTION: "Objection, calls for legal conclusion."

Rule: Tex. R. Evid. 701

CURATIVE REQUEST: "Counsel can ask what she saw and did; legal significance of markings is for the Court's charge."

C. Vehicle Damage / "Low Impact" / "Minor Dent = No Injury"

C1. Defense argues "damage was minor, therefore injuries aren't real"

WHY IT'S LIKELY: *This is soft tissue + conservative treatment. "Low impact" is the default defense in every case like this. You produced photos and a damage appraisal – defense will use them.*

OBJECTION: "Objection, argumentative."

Rule: Tex. R. Evid. 611(a)

OBJECTION: "Objection, improper expert opinion – biomechanics inference requires qualified expert."

Rule: Tex. R. Evid. 702

OBJECTION: "Objection, speculation / lack of foundation."

Rule: Tex. R. Evid. 602, 701, 702

CURATIVE REQUEST: "Instruction: vehicle damage may be considered, but jurors may not treat counsel's biomechanics argument as evidence."

PRACTICAL NOTE: Let them show photos; stop them from turning photos into "medical proof" without an expert.

D. Medical Treatment / Chiropractic / Pain Clinic / Bills

D1. Defense attacks chiropractors as "not real doctors" or "lawsuit care"

WHY IT'S LIKELY: *Both plaintiffs treated at Chiro Sync. This is a standard defense tactic to discount chiropractic care as lawyer-directed treatment.*

OBJECTION: "Objection, improper opinion / argumentative."

Rule: Tex. R. Evid. 611(a), 701

OBJECTION: "Objection, relevance / unfair prejudice."

Rule: Tex. R. Evid. 403

CURATIVE REQUEST: "Limit to this plaintiff's actual treatment and complaints; no generalized attacks on an entire profession."

D2. Defense insinuates "they didn't pay anything / bills aren't real"

WHY IT'S LIKELY: *Discovery shows "Amount Due" entries with no amounts "actually paid" disclosed. Classic setup for "paper bills" argument.*

OBJECTION: "Objection, collateral source / improper inquiry into payment source."

Rule: Tex. R. Evid. 411; CPRC § 41.0105

OBJECTION: "Objection, relevance – who paid is not the issue."

Rule: Tex. R. Evid. 401

CURATIVE REQUEST: "Instruction to avoid collateral source and payment-source questions."

D3. Defense uses "no lost wages claim" to argue "not really hurt"

WHY IT'S LIKELY: *Both RFP responses state no lost wages claim. Defense will weaponize this: "If you were really hurt, you'd have wage loss."*

OBJECTION: "Objection, relevance / misleading."

Rule: Tex. R. Evid. 401, 403

OBJECTION: "Objection, argumentative."

Rule: Tex. R. Evid. 611(a)

CURATIVE REQUEST: "Instruction that damages categories are not mandatory; absence of one category is not evidence of absence of injury."

D4. Defense attacks gap in treatment

WHY IT'S LIKELY: *Standard defense tactic. If plaintiffs stopped treating, defense argues they're cured or exaggerating.*

OBJECTION: "Objection, argumentative."

Rule: Tex. R. Evid. 611(a)

OBJECTION: "Objection, misleading."

Rule: Tex. R. Evid. 403

CURATIVE REQUEST: "Gap in treatment can result from many factors (cost, insurance, work); stopping treatment is not evidence of cure."

E. Plaintiff Credibility / Residency / Border Issues

E1. Defense uses residency/cross-border life to attack credibility

WHY IT'S LIKELY: Saucedá deposition index shows "Mexico" and "Reynosa" terms. Cross-border life is in the testimony and defense may exploit it for prejudice.

OBJECTION: "Objection, relevance."

Rule: Tex. R. Evid. 401

OBJECTION: "Objection, unfair prejudice / confusion of issues."

Rule: Tex. R. Evid. 403

CURATIVE REQUEST: "Limit questioning to treatment logistics only; exclude nationality/residency insinuations."

F. Deposition Use / Misquotes / Partial Reads

F1. Defense misquotes deposition to make plaintiff sound inconsistent

WHY IT'S LIKELY: *Defense counsel reserved questions "for trial" in depositions – a signal they plan to impeach live. Martinez deposition: defense said they will "reserve the rest for trial."*

OBJECTION: "Objection, misstates the record."

Rule: Tex. R. Evid. 611(a)

OBJECTION: "Rule of completeness."

Rule: Tex. R. Evid. 106

CURATIVE REQUEST: "May I approach with the transcript? I request the full Q/A be read for context."

PRACTICAL TIP: Have deposition transcripts tabbed and ready. When defense misquotes, immediately request to read the complete exchange.

IV. OBJECTIONS BY STAGE OF TRIAL

A. During Defendant's Opening Statement

- If defense argues facts not in evidence: "Objection, this is argument, not a preview of evidence."
- If defense makes improper "low impact" medical conclusions: "Objection, counsel is testifying to matters requiring expert testimony."
- If defense attacks chiropractors generally: "Objection, improper argument; prejudicial."

PRACTICAL TIP: Be selective during opening. Juries don't like lawyers who object constantly. Save objections for clear violations.

B. During Cross-Examination of Plaintiffs

- Asked and answered (611) – when defense repeats same question to badger
- Argumentative (611) – when defense argues instead of asking
- Misstates testimony (611) – when defense mischaracterizes prior answers
- Assumes facts not in evidence (611) – when question contains false premise
- Compound question (611) – when multiple questions asked at once
- Relevance (401/403) – when defense goes into collateral matters

C. During Direct Examination of Defendant

- Leading (611) – defense counsel cannot lead on direct of their own witness
- Narrative (611) – if witness gives long speeches instead of answering questions
- Hearsay (801/802) – if defendant testifies to what others said
- Speculation (602) – if defendant guesses about Plaintiffs' actions

D. During Defense Closing Argument

- Misstates evidence: "Objection, that misstates the evidence."
- Improper inference: "Objection, there is no evidence to support that argument."
- Appeals to prejudice: "Objection, improper appeal to prejudice."
- Personal attacks on counsel: "Objection, improper."

NOTE: Courts give wide latitude in closing. Object only to clear violations. Make record for appeal if needed.

V. LIKELY OBJECTIONS BY WITNESS

During Cross of Santa Cruz De Leon Saucedo

LIKELY DEFENSE TACTIC	YOUR OBJECTION
"You didn't go to the ER"	Argumentative (611); improper medical inference (702)
"The damage was minor"	Argumentative (611); expert required (702)
"You stopped treating"	Argumentative (611); misleading (403)
Questions about Mexico/Reynosa	Relevance (401); unfair prejudice (403)
"Your lawyer sent you to the chiropractor"	Relevance (401); unfair prejudice (403)
Misquotes deposition	Misstates record (611); completeness (106)

During Cross of Martha Martinez

LIKELY DEFENSE TACTIC	YOUR OBJECTION
"You were just a passenger – you don't know what happened"	Argumentative (611)
"You didn't need surgery"	Argumentative (611); misleading (403)
"No lost wages claim"	Relevance (401); argumentative (611)
Speculation about Saucedo's driving	Speculation (602); lack of personal knowledge

During Direct of Iraissy Montalvo Reyna

LIKELY DEFENSE TACTIC	YOUR OBJECTION
Leading questions	Leading (611) – this is direct examination
"The damage didn't look that bad"	Lay opinion (701); expert required for injury inference (702)
"They seemed fine at the scene"	Lay opinion (701); improper medical inference (702)
"I don't think it was my fault"	Legal conclusion; let it go – jury decides fault
Narrative answers	Narrative (611); nonresponsive

During Cross of Treating Physicians

LIKELY DEFENSE TACTIC	YOUR OBJECTION
"Chiropractors aren't real doctors"	Argumentative (611); unfair prejudice (403)
"You treated on a lien"	Relevance (401) if used to attack credibility generally
"You didn't witness the collision"	Let it go – standard foundation question
Attacking causation opinion generally	Monitor – proper cross unless it becomes argumentative

VI. PRESERVING ERROR FOR APPEAL

If the Court overrules your objection, you must take additional steps to preserve error for appeal:

- **STATE YOUR OBJECTION CLEARLY:** "Objection, [specific ground]." Be specific – "objection" alone is insufficient.
- **GET A RULING:** If the Court doesn't rule, ask: "May I have a ruling, Your Honor?"
- **REQUEST INSTRUCTION TO DISREGARD:** "I ask that the jury be instructed to disregard."
- **MOVE FOR MISTRIAL (if egregious):** "The prejudice cannot be cured by instruction. I move for mistrial."
- **MAKE AN OFFER OF PROOF:** If your evidence is excluded, make an offer of proof outside the jury's presence to preserve the record.

RUNNING OBJECTION: If the Court allows a line of questioning over objection, request: "Your Honor, may I have a running objection to this line of questioning?" This preserves your objection without requiring you to object to each question.

VII. MOTIONS IN LIMINE – CHECKLIST

Consider filing motions in limine on these topics BEFORE trial to prevent defense from mentioning them in front of the jury:

- Insurance / collateral source – exclude references to who paid medical bills
- Attorney referral – exclude references to lawyer referring plaintiffs to treatment
- Absence of lost wages claim – exclude argument that no wage claim = no injury
- Immigration / residency status – exclude irrelevant references to cross-border life
- Prior unrelated medical conditions – exclude unless defense can show relevance
- "Lawsuit abuse" / "frivolous lawsuits" – exclude generic anti-lawsuit rhetoric
- Settlement negotiations – exclude under Rule 408
- Criminal history (if any) – exclude unless relevant to credibility under Rule 609
- "Low impact" biomechanics argument – exclude without qualified expert

If you did not file written motions in limine, you can still raise these issues orally before the witness testifies or the evidence is offered.

APPENDIX: TEXAS RULES OF EVIDENCE – QUICK REFERENCE

RULE	SUMMARY
106	COMPLETENESS: When part of a statement is introduced, adverse party may require introduction of any other part that ought in fairness to be considered with it.
401	RELEVANCE: Evidence is relevant if it has any tendency to make a fact of consequence more or less probable.
402	GENERAL ADMISSIBILITY: Relevant evidence is admissible unless excluded by law. Irrelevant evidence is inadmissible.
403	EXCLUSION: Court may exclude relevant evidence if probative value is substantially outweighed by unfair prejudice, confusion, misleading, delay, or cumulative.
411	LIABILITY INSURANCE: Evidence of insurance is not admissible to prove negligence or wrongful conduct. (Basis for collateral source objection.)
602	PERSONAL KNOWLEDGE: Witness may testify only to matters of which the witness has personal knowledge.
611	MODE AND ORDER: Court controls questioning. Leading questions generally not allowed on direct. Court should protect witnesses from harassment.
701	LAY OPINION: Lay witness may give opinion if rationally based on perception and helpful. Cannot give opinions requiring specialized knowledge.
702	EXPERT TESTIMONY: Witness qualified by knowledge, skill, experience, training, or education may give expert opinion if it will help the trier of fact.
703	EXPERT BASIS: Expert may base opinion on facts perceived, made known at trial, or reasonably relied upon by experts in the field.
801	HEARSAY DEFINED: Out-of-court statement offered to prove the truth of the matter asserted.
802	HEARSAY RULE: Hearsay is not admissible except as provided by law or these rules.
803(6)	BUSINESS RECORDS: Records of regularly conducted activity are not excluded as hearsay if proper foundation.