

JUSTICE ≠ GREED



Why Good People
Shouldn't Feel Conflicted About
Making a Personal Injury Claim

JAKE J. LEE

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Introduction

A BOOK FOR PEOPLE WHO ARE NERVOUS ABOUT MAKING A PERSONAL INJURY CLAIM

You almost didn't open this book.

Maybe someone handed it to you in the days after your car accident. You looked it over, then set it on the counter while you dealt with everything else — the insurance calls, the doctor's appointments, the kids, the job, the hundreds of other things that only get harder because you were rear-ended on your way to work.

Or maybe you picked up the book and put it back down because the title made you uncomfortable. Something about seeing the word “accident” in the same sentence as “claim” and “lawyer” suggested the kind of person you've never wanted to be.

That discomfort you're feeling? That's exactly why I wrote this book.

I've practiced personal injury law in Utah for more than a decade. In that time, I've had thousands of conversations with good, decent people who, through no fault of their own, were hurt in an accident and reluctant to get the legal help they

needed in the aftermath. After all, they knew the other driver hadn't meant to hit them and that it truly *was* an accident. They didn't want to be greedy or hurt the other driver. They told me they weren't the type to sue and that they just wanted to move on and put the whole experience behind them.

All the while, their medical bills were piling up, their paychecks were getting smaller, their pain wasn't going away, and the insurance company was already working the claim with or without them.

Here's what I want you to understand right off the top: the hesitation you feel isn't weakness, and it isn't wrong. It comes from being the kind of person who's a good neighbor, a trustworthy friend, and someone others can count on.

But an incomplete interpretation of what it means to be a "good person" can sometimes steer us in the wrong direction, confusing discomfort with wrongdoing and silence with humility. It can make us sacrifice not just our own wellbeing, but the wellbeing of the people who depend on us, too.

This book is my attempt to offer some clarity. I didn't write it to be a lecture, a legal manual, or a pitch for my services. I wrote it because I've talked with many people over the years who didn't get the help they needed and deserved, and they and their loved ones ended up paying for someone else's mistake.

I wrote this book to keep that from happening to you. This book walks you through the insurance system so you can see how it actually works, who it's designed to protect, and what happens when you step into it unprepared. And I wrote it to give you a framework for thinking about accountability that

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doesn't require you to abandon your values in order to protect your family.

By the end, I hope you'll see what I've come to believe after years of this work: Seeking fair compensation after a car accident is not an act of greed, it's an act of responsibility.

Good people deserve justice. Justice, in this context, doesn't mean revenge. It means making sure the financial consequences of an accident fall on the party who caused it and not on you or the people you love.

WHAT DOES "TRUE NORTH" MEAN TO US?

People sometimes ask about my firm's name: True North. I chose it because it speaks to the kind of light we want to provide.

For millennia, people have relied on the North Star because it's a fixed, constant point of light in the dark sky. No matter where you are, you can look up, find it, and know you're pointed in the right direction.

This is the role we try to play for our clients. We strive to be steady and dependable and give clear guidance our clients can trust when everything else feels uncertain.

ABOUT JAKE LEE

I'm from Draper, Utah, and went to Alta High School. At BYU, I majored in vocal performance.

Music was the center of my world at that time. I loved the way it created feelings out of experiences that didn't have

words. And I was good enough to think, for a while anyway, that maybe it could be my career. But when I came home from a two-year mission in the Dominican Republic and started practicing again, I had to recalibrate my sense of how talented I really was.

Humbled, I ended up changing my major to interdisciplinary humanities, which is essentially a degree in the study of all the things human beings make and leave behind: art, history, philosophy, religious thought, music, and literature. My mother was supportive but concerned. She made clear, more than once, that there were roughly two things you could do with that degree: teach or go to law school. If I chose teaching, she pointed out, I should be prepared to be broke for a very long time. I went to law school.

Looking back, law school made a lot of sense for me. My heroes growing up were Thomas Jefferson and John Adams, two pretty great lawyers. I don't think I fully understood why that mattered to me until I was older, though. Jefferson and Adams were people who took ideas seriously enough to change the world with them. They looked at real, messy human problems and figured out a way forward.

That's what drew me to the law. Not the suits or the courtrooms or any of the television versions of it. Back then, taking what was written in black and white and figuring out how to apply it to a world that's anything but felt like a meaningful way to spend a life.

After BYU, I went on to law school in California. In my last semester there, I clerked for a law firm in Florida, where I was

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introduced to Social Security disability work. That's a corner of the law most people don't think about much. It's almost entirely about sitting with people who've developed serious medical conditions and helping them prove, through a system that isn't designed to make things easy, that they can no longer work. It's meaningful work that I cared about.

During my clerkship, I sat down with a woman who had just been diagnosed with Huntington's disease. I knew the law, I understood the process, and I had a whole explanation ready for how her case would unfold. She didn't hear any of it.

She wasn't being difficult; she was just terrified. Huntington's is progressive and incurable, and she was sitting across from me silently trying to figure out what her life was going to look like: what she would lose, what she would miss, and what the people who depended on her were going to do. She was grieving the death of the life she'd always known and the life she would never have, and I was trying to talk to her about administrative procedure.

That was the moment it became real to me what being a lawyer actually means. It's not only about knowing the law — the law is just a tool. The actual job is sitting with someone who's scared and lost and doesn't know which way is up, earning their trust, and helping them find their footing. Everything else is secondary to that.

After law school, I came back to Utah and built a Social Security disability firm, I even wrote a book about it: *The Utah Social Security Disability Handbook*. I spent several years helping people navigate what is genuinely one of the

most punishing bureaucratic systems I've ever encountered. Eventually, I sold that practice and moved into personal injury work, where I spent time as a managing attorney, building my team and handling cases. In September 2023, I started True North Injury Law.

Today I live about two miles west of Draper, in Riverton. My wife is from Tennessee, which translates to strong opinions on hydrangeas and country music. Our three young children keep the house busy and loud. In my free time I frequently find myself outside, tending to my garden or the beehives I've started keeping. I'm active in our community and I still love music, but now I do more listening than performing.

I went to law school because I thought maybe I could do what Jefferson and Adams did: use ideas to make people's lives better. This book is one of the ways I'm doing that.

1

Responsibility Is Not Greed

NAMING THE REAL OBSTACLE

For a lot of good people, the real obstacle isn't understanding insurance. It's the fear of being seen as greedy.

Even after learning that car accident claims are about insurance coverage, not personal revenge, they worry. Is this too much? Am I making this a bigger deal than it needs to be? Should I just move on?

These questions come from directly from the conscience and the desire to be fair, restrained, and decent. But conscience can sometimes confuse discomfort with wrongdoing. These aren't the same thing at all.

WHAT WILL PEOPLE THINK?

There's a related hesitation that works a little differently. It has less to do with whether something is right, and more to do with how it might look.

Will this make me look greedy? Will others assume I'm trying to profit from an accident?

Among friends, coworkers, and extended family, and in tightly-knit towns and professional communities — reputation matters. Nobody wants to be seen as opportunistic or like they're trying to take advantage.

The problem is that the people forming opinions rarely see the full picture. They don't see the medical invoices piling up on the counter. They don't experience your ongoing pain and mounting difficulties. They're not sitting at your kitchen table working out how the work hours you're missing are going to impact your household budget.

Think about it this way: if someone wrongfully took \$10,000 from you, you wouldn't hesitate to recover it, even if it meant others might misread your motives. But when the loss comes through an accident — costing you your health and your ability to work or take care of the people and things you're responsible for — there's different standard. People start thinking that it's unacceptable to pursue basic fairness.

There's a bigger picture here, though. While the loss of \$10,000 would hurt your bank balance, the injuries you suffer in a car accident can seriously damage your body, disrupting your life and the lives of the people around you — and, by extension, also hurting your bank balance.

In other words, a bad car accident is also a theft — of your ability to live your life and do what you need to do to care for yourself and your family. Seeking compensation isn't greedy, and it doesn't say you're a bad person. It's the opposite, in fact: it says you're a responsible person and you're addressing a real and important problem.

THE DIFFERENCE BETWEEN GREED AND RESPONSIBILITY

Greed is wanting more than you're rightfully owed. Responsibility is refusing to let your family bear the financial cost of someone else's mistake. They aren't the same thing.

If someone damages your car and you ask to have it repaired, nobody calls that greedy. If someone injures you and you need medical treatment, asking that those bills be covered by the responsible party follows the same logic.

The law doesn't exist to make money for victims. It exists to keep innocent people from absorbing the cost of someone else's mistake. It's a meaningful distinction.

IT'S NOT "AN EYE FOR AN EYE" — IT'S FAIR VALUATION

Car accident claims aren't about getting even, or inflicting pain in response to pain. They're not about asking how much you can get.

Instead, car accident claims ask a different question: What was lost? What medical care was required? What income was missed? What lasting impact did the injury have on your health and daily life?

The legal system tries — imperfectly, but deliberately — to put a fair financial value on those losses. Money can't restore your health. It can't rewind time or erase pain. But it can keep the financial consequences of someone else's mistake from

compounding the physical harm you've already suffered and will suffer in the future.

When you shift the question from “What can I get?” to “What was taken, and what's fair?” the picture becomes a lot clearer. You're not seeking excess. You only want the return of what was taken from you.

FORGIVENESS AND ACCOUNTABILITY CAN COEXIST

Some people worry that pursuing compensation conflicts with forgiveness. It's a valid concern. Many of us value humility, mercy, and letting go of resentment. We don't want to become vindictive, unkind, or bitter because something unfair happened to us.

We have to remember, though, that forgiveness and accountability are different principles that serve different purposes. Society is at its best when it approaches problems with the two working in tandem.

Forgiveness and accountability operate in different spheres. Forgiveness is personal. You carry it in your own heart — you either hold onto resentment or let it go. Accountability, on the other hand, is about consequences. It's about what happens after harm has been done.

The two aren't in competition. You can forgive *and* expect an insurance policy to do what it was designed to do. You can treat another driver with dignity *and* refuse to absorb tens of thousands of dollars in medical costs and lost income.

Forgiveness asks whether you'll let this event define you. Accountability asks who's responsible for the consequences. Different questions, different answers.

Holding an insurance company to its contractual obligation isn't an act of hostility. It's participation in a system built to manage risk and responsibility. Forgiveness can free you internally. Accountability can protect you practically. One doesn't cancel out the other.

JUSTICE AS BALANCE

Martin Luther King Jr. made a distinction worth remembering: "True peace is not merely the absence of tension; it is the presence of justice."*

Justice, properly understood, isn't aggression. It's balance. When harm occurs, justice tries to correct that imbalance in a measured way. It doesn't seek to destroy. It seeks to restore what can be restored.

A car accident claim follows that same structure. It's not a demand for punishment. It's a request that the consequences of the accident fall on the party who caused it — not on you. When that happens, the system is working the way it was designed to work.

* King, Martin Luther, Jr. "Address Delivered at the Freedom Fund Dinner at the Fifty-Third Annual Convention of the NAACP." 5 July 1962. *The Martin Luther King, Jr. Research and Education Institute, Stanford University*.

THE REAL RISK OF SILENCE

After a collision, the easiest emotional response is often to minimize your own loss. It's almost instinctive: "I'm okay." "It could have been worse." "I don't want to make trouble."

But the consequences of an accident rarely end at the scene. Your medical bills accumulate. You miss work. You might need additional medical care in the future. Your family life becomes stressed.

If you absorb all these costs to avoid discomfort, the burden doesn't disappear. It shifts — to you and to the people who depend on you.

Choosing to pursue fair compensation isn't a declaration of hostility. It's a recognition that responsibility belongs where the mistake occurred. That's not greed — it's accountability.

2

Insurance, Not Personal Revenge

WHAT PEOPLE REALLY MEAN WHEN THEY SAY, “I DON’T WANT TO SUE”

When someone tells me they don’t want to sue, I usually hear something else underneath it: they don’t want to hurt another person. They don’t want to take someone’s savings or put their home at risk. They don’t want to be responsible for making someone else’s life harder.

These instincts reflect decency, empathy, and restraint. But after a car accident, they’re usually also built on a misunderstanding of how insurance claims actually work. Before you can decide whether pursuing compensation is the right thing to do, it helps to understand what you are — and are not — actually doing when you make an insurance claim.

WHY AUTO INSURANCE EXISTS IN THE FIRST PLACE

Every time someone drives a car, there’s risk involved. Even careful drivers make mistakes. And when a mistake

causes harm, the financial consequences can be significant. That's why nearly every state requires drivers to carry liability insurance.

Liability insurance is a contract. The driver pays monthly premiums to an insurance company. In return, the insurance company agrees that if the driver causes an accident, the company will step in and cover damages and injuries up to the policy limits. That's not a loophole or a technicality. That's the entire purpose of the policy.

When an accident happens, the insurance company — not the driver personally — is responsible for handling and paying the claim within those limits.

WHAT HAPPENS IF A CASE GOES TO COURT?

Sometimes a claim can't be resolved through negotiation, and the injured person has to file a lawsuit. When that happens, the at-fault driver is usually listed as the named defendant. That's how the legal system is structured — the case is technically brought against the person who caused the harm.

The reality is different. The other driver isn't defending their case — their insurance company is.

The insurance company — not the at-fault driver — hires and pays for the defense attorney. The insurance company makes the decisions about settlement within the policy limits. And if the case resolves within those limits, which is how the overwhelming majority of cases end, the insurance company — not the at-fault driver — writes the check.

The name on the lawsuit may be an individual, but the financial mechanism and decision-maker behind them is the insurance company.

WHAT IF THE OTHER DRIVER DOESN'T HAVE INSURANCE?

This is where a lot of people get confused. Most auto insurance policies include something called uninsured motorist coverage and underinsured motorist coverage. While you may not know it, these are coverages you purchased to protect yourself.

If the driver who caused the accident doesn't have insurance — or doesn't have enough to cover your damages — your own policy can step in to help up to the limits you purchased. In other words, you've been paying for protection against exactly this situation.

A lot of people don't even realize they have this coverage. They've been paying for it for years without ever thinking about how it works. But the purpose is simple: if someone else fails to carry adequate insurance or any insurance at all, you're not left to absorb the financial harm on your own.

RARE EXCEPTIONS — AND WHY THEY'RE RARE

It's rare, but sometimes an insurance company will refuse to settle within policy limits when it should. In these cases, the insurance company can expose its own insured to additional risk, shifting the legal dispute: now, the insured driver could

have a claim against their own insurance company for failing to properly protect them.

Even in this unusual scenario, the conflict still centers on insurance responsibility — not on the injured period trying to financially destroy the at-fault driver. But these cases are the exception, not the rule.

WHY THIS DISTINCTION CHANGES THE MORAL QUESTION

If you believe filing a claim means personally attacking someone, being hesitant makes sense. But if you understand that filing a claim means asking an insurance company to honor a contract that exists for this exact situation, the picture looks different.

Insurance companies are large financial institutions. They collect premiums and evaluate risk. They manage and pay claims as part of their business model. When they pay a legitimate claim, they're not doing anyone a favor. They're fulfilling their purpose.

The discomfort people sometimes feel comes from imagining they're inflicting harm on another individual or a business. In reality, they're participating in a system expressly built to prevent innocent people from carrying costs that aren't theirs. This isn't about revenge; it's the system working the way it's supposed to. Once that becomes clear, the emotional weight of the decision often starts to dissipate.

WHY PREMIUMS GO UP — AND WHY IT'S NOT ABOUT YOU

Another concern I hear often: “If I make a claim, I’m going to cause the other driver’s insurance rates to go up.” It’s understandable. Nobody wants to feel responsible for increasing someone else’s costs.

The truth is, though, that insurance premiums don’t go up because an injured person chooses to pursue compensation. They go up because the driver caused an accident. Insurance companies evaluate risk. When a driver is involved in a collision and found to be at fault, the company reassesses their risk profile. Higher risk typically means higher premiums.

That adjustment is based on the accident — not on whether the injured person files a claim, negotiates, or decides to let it go. Once the accident has been reported, the insurance company is already evaluating it, regardless of whether the injured person files a claim.

In short, the financial consequences of the driver’s mistake are tied to the mistake itself. They’re not tied to your decision to seek coverage under a policy that exists for exactly that purpose. You’re not causing the rate increase. The accident already did

3 | The Subtle Pressure to Minimize Your Injury

THE FIRST PHONE CALL WITH AN INSURANCE ADJUSTER

For many people, the impression that something is off starts with a phone call.

It usually comes quickly — sometimes the same day, sometimes the next. The person on the line is polite, calm, and reassuring. They ask how you're feeling. They say they just want to gather some information and help move things along. Nothing about the conversation feels hostile.

Still, after the call ends, something doesn't quite sit right. The questions seemed simple and the tone was friendly. But you now have the impression that the situation is smaller than it seemed before the call began.

That reaction is not unintended.

TWO VERY DIFFERENT INTERESTS

After a car accident, several people become involved in the process — but they're not approaching it with the same interest as you.

You're dealing with disruption. There may be pain, medical appointments to schedule, responsibilities at work that became hard to manage, and real uncertainty about how long recovery will take.

The insurance adjuster is managing something different. Their job is to evaluate the claim: gather statements, categorize injuries, and estimate what the claim may ultimately cost the company.

The adjuster knows that every claim represents money leaving the company they've been hired to protect. That doesn't mean the person on the phone is trying to harm you personally. It just means the system is structured around the company's financial interests, not your recovery.

Your interest is different. You need to heal, keep your life on track, and make sure the financial consequences of the accident don't fall on you later — not protect the insurance company's bottom line.

That difference shapes the entire conversation.

WHY EARLY CONVERSATIONS MATTER

Early conversations set expectations for both sides. If an injury is described as minor early on, it becomes harder to explain later why treatment continued or surgery was

THE SUBTLE PRESSURE TO MINIMIZE YOUR INJURY

necessary. If discomfort is minimized in a first statement, future complaints get measured against that earlier description.

The problem is that most people don't realize that, when they're on the phone with the adjuster, they're creating a baseline that may follow the claim for months. In answering the adjuster's questions, people are just trying to be cooperative. Cooperation is reasonable. But it works best when you understand the purpose of the adjuster's questions and answer them carefully, in a way that truthfully reflects the fact that you might not yet know everything about your medical situation.

THE SUBTLE PRESSURE TO BE "REASONABLE"

One of the most effective forms of pressure in a claim isn't confrontation. It's agreement.

In early conversations with your insurer, you might hear things like:

"We just want to resolve this quickly."

"This seems like a minor impact."

"Most people with injuries like this feel better in a couple of weeks."

"We handle these cases every day."

None of these statements sound hostile. They might even sound helpful. But notice what they do: they're establishing a frame around the situation, subtly suggesting what's typical, what's expected, and what's reasonable.

Most people genuinely want to be reasonable. Nobody wants to be labeled an exaggerator. Nobody wants to ask for something they don't deserve. Everyone wants to act with integrity.

The problem is that car accident injuries rarely reveal their full impact right away. Adrenaline, inflammation, and the body's natural response to trauma can mask symptoms in the days immediately following an accident. What feels manageable at first can become more serious as time passes. Doctors often need weeks, and sometimes months, to understand whether an injury will fully resolve or leave lasting effects.

That's why responsible medical treatment is understood as a process. Physicians observe how the body responds over time and adjust as new information comes in. The same principle applies when evaluating the consequences of an accident.

Trying to place a final value on a claim before the path to recovery is fully known is like trying to predict the ending of a story before the middle has been written. The outcome simply is not yet known. Letting the recovery process unfold is not unreasonable, not adversarial, and certainly not dishonest. It's the only way to understand the true impact of what actually happened.

YOUR RECOVERY DOESN'T FIT THEIR SYSTEM

Insurance companies believe injuries can be categorized quickly. They compare your injuries to past claims and place them into expected ranges. From that perspective, most cases start to look routine.

But the human body does not heal according to a chart. Two people can experience the same collision and have completely different recoveries. One may improve within days. Another may spend weeks dealing with persistent pain, sleepless nights, and the exhausting realization that their body is not responding the way they expected.

These experiences cannot be reduced to a category or captured in a spreadsheet.

And nobody should feel pressured to describe their injury as minor simply because that's what the insurance company's system expects. Ongoing pain, sleepless nights, and the daily effort of pushing through discomfort are real. Pretending otherwise doesn't make those consequences disappear.

In fact, minimizing what you're experiencing doesn't make you more honest or more virtuous. When people downplay their injuries to appear cooperative or avoid looking greedy, they're often being pushed to say something that isn't entirely true about their own experience.

Honesty requires a clear-eyed account of what actually happened to your body, how it's affecting your life, and the fact that you and your doctors are still discovering what your recovery is going to look like — even when that reality is inconvenient for someone else's system.

Your recovery deserves to be understood as it actually unfolds, not as an insurance company thinks it should unfold in the first week after the accident. Once you recognize that, it becomes easier to see why these early conversations can feel like the adjuster is steering you toward a conclusion before the full picture is known.

A BETTER WAY TO THINK ABOUT THE PROCESS

Once you understand how the system works, the goal is not to become combative. It's to approach the process with clarity.

Insurance companies are built to evaluate claims quickly and encourage you to settle early. Their systems depend on early categorization and predictable outcomes. That approach allows them to manage thousands of cases efficiently and for as little money as possible. But healing does not take place on that timetable. Doctors don't determine the final outcome of an injury in the first week after an accident. They observe how the body responds, adjust when symptoms persist, and assess whether the injury will fully resolve or leave lasting effects. That takes time.

The responsible way to evaluate a claim follows the same logic: understand the injury first, then evaluate the consequences.

Reversing that order — trying to define the value of a claim before the medical outcome is known — leads to conclusions that have little to do with what happened. Letting your recovery unfold before placing a frame around it isn't unreasonable or confrontational. It's the only way to make sure the outcome reflects the truth.

4 | How Insurance Companies Evaluate Claims

EVERY CLAIM MUST ANSWER FOUR QUESTIONS

When insurance companies evaluate a claim, they're doing more than reviewing medical bills. They're also working through a series of legal questions that ultimately determine whether the claim could succeed in court.

In Utah, every injury case must answer four basic questions:

1. Did someone owe a duty of care?
2. Did they breach that duty?
3. Did that breach cause the injury?
4. What damages resulted?

Duty, Breach, Causation, and Damages are the elements of a negligence claim. If any one of them becomes unclear, the strength of the claim can change dramatically.

DUTY AND BREACH: USUALLY THE EASY PART

In many car accident cases, the first two elements are relatively straightforward. Drivers have a legal duty to operate their vehicles safely, and traffic laws define what that looks like. When a driver runs a red light, rear-ends another car, or fails to yield, it's usually clear that a duty was breached. Police reports, traffic citations, and witness statements can establish those facts quickly.

But it would be a mistake to assume duty and breach are always simple. Even obvious collisions can become the subject of serious dispute.

I once handled a case where a driver backed out of a driveway and onto a main highway, stopping with the rear of his truck extending about two feet into the lane of travel. He didn't check whether traffic was approaching before entering the roadway. A driver in that lane struck the back of his truck.

Under Utah law, drivers exiting a driveway are required to stop and make sure conditions are safe before entering traffic. On its face, this seemed straightforward. But the defendant and his insurance company refused to accept responsibility, and what looked like a simple question of duty and breach turned into five years of litigation.

Cases like that are a reminder that even when the law seems clear, the facts of a collision can still become contested.

CAUSATION: WHERE CLAIMS OFTEN GET COMPLICATED

Once responsibility for the accident is established, a new question becomes much more important: did the accident actually cause the injuries being claimed?

This is called causation, and it's one of the most closely examined parts of any injury claim. At first glance the question seems obvious — if someone is hurt in a car accident, the accident caused the injury. But insurance companies rarely see it that simply. Instead, they start asking a series of questions designed to test whether the injury can truly be connected to the collision.

Did the injured person have similar symptoms before the accident? Did they seek medical care right away, or did treatment start weeks later? Did treatment progress consistently, or were there long gaps? Do the medical records clearly connect the injury to the collision?

Each of those questions becomes part of the effort to determine whether the accident caused the condition being treated. They can also be used to create doubt and reduce what the insurance company ultimately pays.

If someone waits to seek medical care, the insurance company may argue the injury could not have been serious. If records show similar complaints before the accident, they may argue the problem already existed. If treatment stops for several months and then resumes, they may question whether the accident was really responsible for the later symptoms.

None of these issues automatically defeat a claim. But they can create doubt about causation, and doubt can significantly affect how a claim is evaluated. This is why documenting injuries carefully and consistently after an accident matters so much.

I once had a client who initially described his injuries as neck pain and some minor shoulder discomfort. Based on that, the insurance company started pressuring him to settle for very little.

Before he accepted anything, he came to me for a second opinion. As we talked through his symptoms in more detail, his shoulder pain concerned me and I referred him to a physical therapist. After several weeks without improvement, the physical therapist recommended a surgical consultation. An MRI revealed a torn rotator cuff that ultimately required surgery.

Had he accepted the early offer, the full extent of the injury would never have been discovered, and he would have been left paying for surgery that resulted from an accident he didn't cause. Stories like this are why rushing to evaluate an injury before the full medical picture is known can be so costly.

DAMAGES: THE QUESTION EVERYONE WANTS ANSWERED

Once duty, breach, and causation are established, the next question is the one most people care about: what is the claim worth?

People often assume there's some kind of formula — that insurance companies multiply medical bills by a set number or plug the facts into a standard calculation. But that's not how it works.

The real question is simpler and more human: what would a Utah jury likely do with this case?

If a claim cannot be resolved through negotiation, it will eventually be decided by a jury. Because of that, insurance companies are constantly asking how eight people from the local community might respond to the evidence.

This is why comparisons between cases are often misleading. People say things like, “my cousin in California got a huge settlement,” or “my neighbor got far more than that.” But what a jury might do in California has no bearing on what a Utah jury would do with the same facts. Laws differ and community expectations differ. Even within the same state, two accidents that look similar on the surface can produce very different outcomes.

THE FACTORS JURIES ACTUALLY CONSIDER

When juries evaluate injury cases, a few factors tend to shape how they see the claim:

Medical expenses. Bills usually provide the starting point for understanding how serious the injury was.

The type of treatment received. There's a meaningful difference between diagnostic care — MRIs, X-rays, CT scans, hospital visits designed to identify the problem — and curative

treatment like chiropractic care, physical therapy, pain management, and surgery, which are aimed at actually fixing the problem. The type of care communicates a lot about the nature of the injury.

The progression of treatment. Cases that move logically from conservative care to more advanced treatment tend to feel more credible than cases where the progression is hard to follow. If someone reports neck pain two days after an accident and immediately seeks out a surgeon, the insurance company will argue the treatment was unnecessary. But if the person starts with conservative care and only moves toward something more advanced after those approaches fail, the path makes more logical sense.

The length of recovery. How long treatment was needed and how symptoms evolved over time.

Future medical needs. Whether doctors believe additional treatment will be required down the road.

Lost wages. Income missed because the injury prevented someone from working.

Loss of earning capacity. Whether the injury affects the person's ability to earn the same amount of money as they were before their injury.

Impact on daily life. How the injury affects normal activities, relationships, and quality of life.

Likeability and believability. As unfair as it may sound, whether a jury likes you and believes you can have a profound impact on a case. If a jury likes you and believes you, they'll

typically run to your aid. If they don't like you or don't believe you, they'll likely punish you. Because juries are composed of the local community, all the prejudices and stereotypes present in that community come to bear in their evaluation of your case.

Notice that none of these factors work as a formula. Juries aren't given a calculator and told to do the math. Instead, they're asked to evaluate the evidence and decide what amount of money fairly reflects what the injured person has been through.

Medical bills give them a concrete starting point. But juries also pay attention to the story the medical evidence tells. Did the treatment make sense given the symptoms? Did care progress logically as doctors tried to solve the problem? Did the person follow medical advice and do what they could to get better?

In other words, juries aren't just evaluating numbers. They're evaluating whether the injury and the effort to address it are believable. And that's ultimately what shapes the outcome.

WHY THIS MATTERS

When people first learn how injury claims are evaluated, they realize the process is more complicated than they expected. They start by assuming they'll just need to submit bills and explain what happened, then learn that claims involve a series of legal and factual questions that all have to fit together clearly.

Was the other driver responsible? Did the accident actually cause the injuries? Do the medical records tell a consistent story? How serious was the injury, and how did it affect the person's life? Each of these questions shapes how the claim is evaluated.

At the same time, real life rarely unfolds in neat patterns. Treatment plans get disrupted. A vacation may interrupt a therapy schedule. Someone may return to work sooner than they should because they can't afford to lose income. A parent may delay their own care because a child has been injured.

None of this is unusual. But these situations can create gaps in the medical record that insurance companies exploit to reduce the value of your claim. A delayed visit. A gap in treatment. An incomplete description of symptoms. Any of these details can affect how the story of the injury is understood — and in injury cases, the clarity of that story often matters as much as the injury itself.

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What Makes a Claim Believable

WHAT THE EVIDENCE CAN SUPPORT

Injury claims are rarely decided by someone's account of what happened. They're decided by what the evidence makes believable.

Two people can experience very similar accidents yet end up with very different outcomes. The difference usually comes down to whether the evidence surrounding the injury supports the story being told.

Insurance companies and juries are constantly asking themselves simple questions: Do the facts add up? Do the medical records support the symptoms being described? Do the diagnostic findings match the complaints?

When the answers are clear, a claim tends to feel more believable. When they aren't, even a very real injury can become hard for others to understand.

That gap between what someone says or actually experiences and what others are willing to believe is one of the most important dynamics in any injury case.

Take someone who is reporting significant problems in their right foot, but in the accident their shoulder was the only thing impacted. The pain may still be very real. But the mismatch between where they were hit and where they are experiencing symptoms creates a believability problem.

Or consider a person who says they were rear-ended with incredible force, but there is no damage to the back of the car. The story must make sense, and the evidence must make that possible

HOW PERSPECTIVE CHANGES THE STORY

Imagine sitting on a jury in an injury case. The person bringing the claim describes significant back pain following a car accident — how it has affected their ability to work, sleep, and getting through everyday life. But as the trial continues, the medical timeline reveals a complication: there's a three-month gap between medical visits. When treatment resumes, the pain is reportedly worse than before.

From a juror's perspective, that gap raises questions. Why did treatment stop? Did the injury improve and then something else happened? Was the accident really responsible for the later symptoms?

Now consider the same situation from the injured person's side. The pain felt like it was improving, so they went back to work because they needed the income. When the symptoms returned and got worse, they went back to the doctor. From their perspective, that was perfectly reasonable.

But jurors see the same events through medical documents and timelines. When the overall record creates questions, believability suffers — even when the underlying facts are entirely honest.

OBJECTIVE EVIDENCE MATTERS

One of the most important factors in believability is the relationship between what someone reports and what the medical evidence objectively shows.

Some injuries produce clear, objective findings. A broken bone shows up on an X-ray. A torn ligament may appear on an MRI. A nerve injury can be confirmed through specialized testing. When the evidence clearly identifies the problem, the injury is easier for others to understand.

Unfortunately, not all injuries work that way. Many accident victims experience significant problems even when imaging appears normal. Soft tissue injuries, nerve irritation, brain injuries, and inflammation can cause real and persistent symptoms without producing dramatic findings on a scan.

From the injured person's perspective, the pain is real. From the perspective of someone evaluating the claim, the absence of clear objective findings creates questions.

If an MRI shows a torn rotator cuff, the injury makes immediate sense. The symptoms and the evidence line up. But if the MRI shows no structural damage, the situation becomes harder to interpret. Jurors may start wondering what's causing the pain or whether the injury is being overstated, or made up.

The lack of objective evidence doesn't mean the injury isn't real. It means the claim requires more explanation before it becomes believable. That's why diagnostic testing and medical documentation play such an important role. They help translate what someone's experiencing into something others are willing to believe.

CONSISTENCY BUILDS CREDIBILITY

Believability is also shaped by consistency over time.

What someone reports immediately after an accident becomes part of the record. Medical visits add detail. Treatment decisions and diagnostic testing continue adding context. Together, those details create a picture of the injury and recovery.

A jury wants to see symptoms described at the first appointment appear again in later visits. They want to see treatment progress logically as doctors work to diagnose and address the problem. As that happens, the overall record remains consistent and the claim is easier to follow.

When the story starts to shift, credibility can weaken. Symptoms that change dramatically without explanation, injuries that appear later without documentation, or treatment that stops and starts without clear reason can all raise questions, even when there's a perfectly honest explanation behind them.

Jurors only see the written record and the testimony presented in court. When that record is hard to follow, the claim itself becomes harder to believe. I've had clients who work in a

physical therapy office or as a nurse in a hospital. Their training gives them insight into what they need to do to get better. But, because there is no record of symptoms reported, treatment received, and improvement, their testimony about how long healing took, what they experienced, or how much it would have cost are hard for a jury to believe. They need a record that lines up with and proves their testimony is accurate.

TREATMENT SHOULD FOLLOW A LOGICAL PATH

Jurors also pay close attention to the path of medical treatment.

You've heard me say a few times now that treatment needs to follow a logical path. What most people don't know is that medical treatment is not an exact science. Most injuries are addressed through a progression of treatments and diagnostic tools to figure out what's happening and observe how the injury responds. Typically, a person starts with an initial evaluation and conservative treatment, like physical therapy or chiropractic care. If symptoms persist, doctors recommend diagnostic imaging to better understand the problem. In some cases, care escalates to pain management or surgery. When treatment follows that kind of logical sequence, it signals that the patient and their doctors were working methodically.

When treatment appears disconnected from the symptoms, jurors get skeptical. If someone reports mild discomfort but immediately seeks a surgical consultation without trying conservative care first, that path raises red flags. On the

other hand, when doctors gradually escalate care in response to persistent symptoms that aren't responding to initial treatment, the progression makes sense. Jurors aren't medical experts, but they're very good at recognizing when something doesn't add up.

THE EXPERIENCE GAP

Insurance companies evaluate claims every day. Adjusters and defense attorneys are trained to analyze medical records, timelines, and documentation in order to assess believability. Most injured people encounter this process for the first time while they're also trying to recover and keep their lives moving.

Understanding how evidence, documentation, and treatment patterns affect believability can shape how a claim develops from the very beginning. Without that understanding, important details get overlooked or mishandled. Once the details are in the record, they start shaping how others interpret the injury long before the injured person realizes they've painted themselves into a corner that doesn't reflect what happened to them.

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RESPONSIBILITY LOOKS DIFFERENT THAN MOST PEOPLE EXPECT

Without understanding what it actually takes to navigate this process, a lot of people equate “doing the responsible thing” with being cooperative, handling things directly, giving the situation a chance to resolve without making it more complicated than it needs to be.

There’s often a sense that calling a lawyer will escalate the situation unnecessarily, or turn something manageable into something adversarial or intended to hurt the other party. Instead, people try to go it alone, trusting that if they’re perceived as reasonable, the insurance company will be reasonable in return.

That instinct doesn’t come from a bad place. But it rests on a misreading of how the other side will manage the claim.

Without knowing it, people are stepping into something much more complicated than it appears.

Personal injury cases don't stay neutral while you decide whether to get help. The gears of the insurance machine grind forward with every new data point you provide. Every phone call that feels like a routine exchange of information is a calculated process designed to gather what they need, establish early baselines, and build a picture of the claim that best protects their interests. By the time it becomes clear that the insurance company is not working with your best interest in mind, a lot of important pieces are already in place.

The "responsible thing" is not to wait to get help until something goes wrong. It's to protect yourself and your family by making sure your case is handled correctly from the start.

WHAT GOOD LAWYERS ACTUALLY DO

There's a misconception about lawyers that's worth addressing here: good lawyers don't create something that isn't there. They make sure what's there can be clearly understood and proven.

This requires more than just reacting to what happens. It means preserving evidence before it disappears, documenting symptoms in ways that actually matter, and building the case correctly from the beginning. It means identifying problems early, before they quietly undermine your case, and recognizing issues most people wouldn't think to look for.

Once assumptions take hold, or gaps in the record are filled in the wrong way, it becomes very hard to correct the story later.

From the moment you bring in a lawyer, they're proactively building your case, protecting what matters, and shaping how the situation will be understood as the full picture develops.

At True North, that's our focus. We're not interested in making something bigger than it is, or creating something out of nothing. We want to make sure the full picture's been developed the right way, from the start, so everyone can see it clearly.

Let me give you an example. Early in my career, I handled Social Security disability cases — which are largely about proving that a medical condition prevents someone from working. I had a client with severe arthritis that significantly limited her ability to grip, lift, walk, and use her hands. She believed disability was obvious and her case was a sure thing.

The problem was that she didn't have objective proof. She had no measurements of what she could lift, no grip strength testing, not even a confirmed diagnosis that clearly established her condition. Without these pieces, her case wasn't just weak, it was certain to fail. She would have spent years in the system going through appeals, only to end up with a denial.

Instead, I had her complete a functional capacity evaluation and get the necessary diagnostic testing before we applied for benefits. With that foundation in place, she was approved within six months.

Same person. Same condition. Completely different outcome. Knowing which levers to pull — and when to pull them — is often the difference between success and failure.

SO, WHAT SHOULD YOU DO?

If there's one thing I hope you take from this, it's that you don't have to navigate this alone. Not every lawyer is the right fit for every case, and choosing the right one isn't just about finding someone who will take it. It's about finding someone you can trust to tell your story — someone who steps in early and takes stewardship of the case.

This probably isn't the lawyer who promises a million-dollar result. It's the one who sits down with you, understands your situation, and gives you their honest opinion about whether they can actually help before moving forward. It's the one with the integrity to tell you whether you even really need a lawyer, who sets realistic expectations, and who takes deliberate steps to develop the case accordingly.

Personal injury cases are both complex and, often, emotional. You need someone who brings clarity to the process, not confusion. Someone who can explain what's happening, why it matters, and what comes next without leaving you guessing.

You also want a law firm who treats your case like it matters. Not a file to move along, but something that deserves attention, strategy, and care. A team willing to do the work, solve problems as they come up, stay engaged from beginning to end, and, perhaps most importantly, tell you the good, the bad, and the ugly. These cases are not all smooth sailing, and you can't make good decisions without someone who will tell it to you straight.

THIS IS NOT SOMETHING YOU SHOULD HANDLE ALONE

When you have that, everything changes. You're no longer trying to navigate a minefield on your own. You have an experienced legal team in your corner, moving your case forward with purpose and guiding you past the pitfalls.

TRUE NORTH

At True North, we approach every case with a simple mindset: if it matters to you, it matters to us.

This means taking the time to understand what you've been through, what's at stake for you, and what needs to happen next. From the beginning, our focus is on clarity. You should understand where things stand, what decisions need to be made, and how each step moves your case forward. We don't believe in leaving clients in the dark.

We do believe in ownership. When we take on a case, we take responsibility for how it develops — anticipating issues before they become problems, making intentional decisions about how the case is built, and following through on what we commit to.

At True North, you'll hear the good, the bad, and everything in between, because we know the only way to make good decisions is to have a clear, honest picture of where things stand.

Our job isn't just to handle your claim. It's to guide you through a process that can feel unfamiliar and overwhelming, and make sure that what you've been through is fully seen, clearly understood, and properly resolved. That's what it means to have someone in your corner.



The assumptions you carry after a car accident can **PERMANENTLY DAMAGE YOUR CLAIM.**



Most people want to do the right thing. They don't want to exaggerate their injuries, take advantage of the system, or ask for more than they deserve.

But what if what seems 'reasonable' is based on assumptions that aren't true?

In *Justice Does Not Equal Greed*, Utah personal injury attorney Jake Lee pulls back the curtain on how injury claims really work—and challenges the idea that accountability and decency are somehow at odds.

You'll learn how insurance companies evaluate your claim, why seemingly harmless decisions can affect its outcome, what makes an injury credible, and how to protect yourself without compromising your values.

Before you minimize your injuries, accept an insurance company's version of what's "fair," or decide to simply move on, read this book.

You may never think about personal injury claims the same way again

ABOUT THE AUTHOR



Jake Lee is the founder and managing attorney of True North Injury Law, where he has dedicated his career to helping people rebuild their lives after serious accidents. He has represented hundreds of individuals and families affected by negligence and is widely respected for his commitment to justice both inside and outside the courtroom.

Jake has helped shape laws protecting injured Utahns, served as Chair of the Utah Association for Justice's Legislative Committee, teaches continuing legal education to attorneys across Utah, and serves on the Association's Board of Governors. He lives in Utah with his wife and children.

