

APPLICANTS SUBMISSIONS and SCHEDULE OF DAMAGES

The claim details are as follows

a.date of accident 30.3.2015

b.claimants date of birth 30.10.1974

c.claimants age at date of accident 40 years

d.claimants current age 48 years

Liability - the insurer admits liability

Background History

The background history of matter the matter is set out in Dr Newlyn notes as attached

hereto (see paragraphs 69 to 104)

GENERAL SUBMISSION

The applicant is a credible person and wrote about his past depression in the claim form .Dr Newlyn confirms his story by examining notes from Steve Sutton , counselling psychologist , in the item 39.The notes before the injury dates from October 2011 to January 2014 .In a clinical note dated 3 February 2014 Mr Sutton notes that Mr Stonis reported feeling a lot better and more focused and motivated to do some work and look for more work .At Question 25 in the claim form he wrote yes to previous medical history and said he was getting better but the motor vehicle accident of 30.3.2015 made it worse .In the claim form , Dr Tjandra wrote that the claimant suffered from anxiety and depression

In a file note dated 11.7.2018 Mr Sutton wrote that he had a holiday to Lithuania and he felt better .Mr Sutton saw him again after a four week break on the 21.3.2018 and was diagnosed with PTSD being an aggravation of a major depression.

Mr Sutton states that the whole legal process is an ongoing re-traumatisation problem For him in the report dated 28.9.2015 of Dr Dua who assessed the claimant on two occasions wherein he stated that the claimant is well qualified but he had trouble finding work as he is suffering severe depression anxiety and stress

The claimant was diagnosed with PTSD by treating clinical psychologist Ms Joyce Chiu in 2015 and confirmed by Ms Eloise V. Mulet in notes 23.1.0.2017.

the claimant is a highly trained and qualified software developer with extensive university qualifications including a bachelor degree in computer science, master degree in computer science and phd degree in computer science.

After completing university studies, he worked extensively overseas in software companies, including LK Soft Baltic company and setting up his own software company. In Australia he worked for two years with Axe Group Pty Ltd on a salary of \$100,000 dollars per annum and then he did contract work with SGIL for Rail Corp in NSW from 2010 to 2011. Between 2011 to 2015 the claimant pursued his own software project in March 2015.

The claimant attended a seminar run by an IT company called Appdynamics where there were possible prospects of work. Then the claimant offered his services to the Lithuanian Community to do software development on a voluntary basis in November 2016 designing websites. In 2016 his brother got him a software job in Sweden. Although these were simple tasks given his experience and qualifications he was unable to complete them due to his illness. The job at Appdynamics had the potential of earning the applicant \$ 120,000 per annum.

The applicant relies upon the medical conclusion and assessment of Dr Newlyn's report at the paragraph headed "adaption" where it is stated that and it is quoted " Mr Stonis said he is unable to work in his previous occupation as a software developer. My impression of him during the interview was not one of a person who had completed a phd in computer science. He appeared to struggle with basic concepts. He reported he does very little in the maintenance of the household and relies heavily on his wife " in respect of

employment and care heads of damage .

The average earning capacity of a soft ware developer working for a firm like
JavaDevelopers is about \$ 125,000 to \$145,000 per annum

The applicant claims the following heads of damages

1. Non Economic Loss

The applicant relies upon the medical report certificates issued by the personal injuries Commission and the statements of V Kasulevcius dated 23rd April 2023 and the statements dated 23rd April and statements of A Stonis dated 27th April 2023 and in particular annexure 99 being the , a typical day brochure . and Mr Suttons report at annexure 58 , pages 235 - 248 .

the applicant in his three statement sets out his inability to sleep , unable to cope with daily life , feelings of exhaustion , lack of self esteem through not finding work , lying in bed for hours , nightmares and bad dreams , , loss of memory , flashbacks ,panic attacks , unable to recover properly from physical injuries , excessive sweating , stress , panicking , lack of motivation , fear and anxiety , nauseous feelings , lack of concentration , lack confidence , inability to focus , calling life line for help , ^{Considering} using medical cannabis to reduce symptoms , see annexure at pages 406-408

see annexure at pages 330 -350

, feeling dizzy , changes in mood , lack of capacity to make informed decisions , , lack of hygiene like not taking showers ,not cleaning up messes , feeling agitated , lack of concentration ,unable to work, lack of libido see statement J Stonis statement at page 421

We refer to Dr Newylyn report

2.Past Medical Expense

Medicare expenses \$11,245.85
see pages 299

Other medical expenses as per annexure 72 at page 303-329.

of A Stonis statement dated 26.4.2023

\$3938.78

see Dr Anderson report at pages 261- 279 and see Student Counseling report at pages 280

Future Expenses

The applicant claims that he is liable for the following future treatment expenses

- a.general practioner follow up visits six times a year for 5 years \$ 3000
- b.anti inflammatory medicatin for 5 years \$5000
- c. pain management clinic \$6000
- d.psychological counselling for 5 years for cognitive therapy for depressive symptoms \$20,000
- e.physiotherapy treatment for knees and back at \$1500per annum for 5 years \$75,00

see Dr Khan report see page 257

see Mr Sutton report at pages 235 – 248 and Westmead institute clinic report at pages 247 -248

loss of wages future and past

At the time of the accident and for 2 years prior to the accident the applicant was not employed .the claimant relies upon his pre accident earnings of \$ 125,000 per annum from 2009 to 2010 with Axe Group Pty Ltd as a software developer

However during these times the applicant was actively looking for work and engaged in community projects and after the accident he was asked by his brother Arunas to participate in a project for sport in Sweden to design websites and in 18.11.2016 the applicant was involved in developing a free content website for the Lithuanian Community and in 14.10.19 Mantas Stoskus from SAL invited the applicant to tender by invitation for a project with Sydney trains

All these work attempts failed due to psychiatric illness from the motor vehicle Accident

The applicant relies upon the following financial record material including the following Material being notices of assessment

Notices of assessment 2008	\$ 25,203
Notices of assessment 2009	\$87,167
Tax summary 2009 - 2010	\$53,674
Tax summary 2010- 2011	\$10,238

Java Developer salaries

Brochure \$125,000 to \$ 145,000 per annum

Professional employers award 23/3/2023

The claimant claims loss of was from the date of the accident to date and continuing at the rate of \$ 125,000 per annum until the applicant turns 70 years of age pursuant to his potential and past income based upon his experience and qualifications

According to the tables the applicant could earn \$ 2403 per week over a further 25 year period meaning a gross income of \$ 1,599,316.65 plus superannuation at 9% being \$ 143,938.49 for the same period

We rely also upon the statements of K Nallin dated 21.4.2023 and the task and contacts application from Arunas Stonis, and Juste Stonis statement dated 29.4.2019 & 23.6.2023 and 27.6.2022 and medical reports dated 12.10.18 of Dr Khan and report dated 24.7.2020 of Dr Anderson

Past & Future Gratuitous Care

The applicant relies upon the statements K Rosen dated 23.4.2023 & J Stone dated 29.4.2019 and 23.6.2022 and statement dated 23.4.2020 of K Rosen 20.3.2023 And notes of Dr Sutton and medical reports dated 12.10.18 of Dr Khan and Dr Anderson report dated 24.7.2020 and V Kusilevicius statement dated 23.4.2023.

The applicant claims past and future domestic assistance based upon the fact the his assistance has exceeded the threshold provisions of 6 hours per week over 6 months we estimate past care at \$ 50,000 and future care at \$ 75,000 a heads of damage

quantum .

Psychosocial history and pre-accident history

69. Mr Stonis is a 48-year-old man, residing in Redfern, New South Wales, in rental accommodation, with his wife. They have no children. Mr Stonis stated that he is not currently working.
70. Mr Stonis was born in Lithuania. He has four brothers and one sister. He is the middle child. He grew up in Lithuania. He denied any history of childhood trauma or abuse. His father died when he was aged 10. Subsequently, he lived with his mother and his siblings. He completed school. He described that it was generally good. He experienced no academic or conduct issues. He stated that he excelled at mathematics and physics. Subsequently, he attended university, where he completed his Bachelor, Masters and PhD qualifications in Computer Science. He had no issues with his studies. He started working in the information technology sector during his studies, and then continued doing so afterwards.
71. He arrived in Australia at the end of 2007, initially on holidays, then, subsequently, obtained a work visa as he liked Australia and decided to stay. He continued to work in the information technology field. He stated that he had a break from work between 2011 and 2012. He described that it was because he had a “complicated relationship” and wanted to take time off for things that he enjoyed. From that time, he decided to work for himself and started his own company. He described that he underestimated the amount of work that was required to run his own business. By the beginning of 2015, he was looking to options of doing consulting work.
72. Regarding relationships, Mr Stonis stated that his first romantic relationship was after he finished school. Later, he had a significant relationship of two to three years’ duration, from which Mr Stonis has a child. He described that there were issues around custody of the child, and he attended court in 2012 to 2013 to establish that he is the biological father but does not currently have contact with the child. He stated that the court issues finished in 2014. He was subsequently involved in another relationship from 2011 to 2012 for 1½ years, and he has been in his current relationship from around 2012/2013.
73. Mr Stonis stated that he first saw a psychologist in 2012 in the context of an “emotionally draining relationship”. He acknowledged that he felt depressed at the time. He has stated that it took him about one year to recover after that relationship finished. He stated that by the time the subject accident occurred, he was fully recovered

regarding his depression. He denied history of significant or disabling anxiety prior to the subject accident. He also denied any history of mania or psychosis.

74. Mr Stonis denied smoking tobacco cigarettes. He stated that he drinks alcohol very rarely. He denied using illicit drugs. He also denied gambling.
75. Mr Stonis denied any previous personal injury claims. He denied any history of charges or convictions. He stated that the only time he attended court was regarding custody issues around his child.
76. Mr Stonis denied any physical health problems prior to the subject accident. He denied any history of seizures or head injuries.
77. Mr Stonis stated that he takes Mirtazapine, 30 milligrams, at night. He described that he has been on and off this medication since the day of the subject accident. He described that once he feels better in his mood, he reduces and stops the medication, and then when he feels more depressed, he starts taking it again.
78. Mr Stonis denied any diagnosed mental illness in his family.

History of the motor accident

79. Mr Stonis stated that the subject accident occurred on 30 March 2015. At the time, he was cycling to the city and was on Elizabeth Street. He recalled that he came to an intersection with Hay Street, and a car that was coming from the opposite direction turned right, straight into Mr Stonis. Mr Stonis recalled that it "hit me hard". He stated that he saw the car coming and could not believe that the car kept driving towards him because it was daytime with clear visibility. Mr Stonis stated that he was wearing a helmet. He described that it was his green light, that is his right of way. At first, he thought to ring his bell or yell out, but then realised that a collision is inevitable. He described that at that point, "I knew that my life is over". He described that he was hit by a large Ute with a bulbar and remembered thinking that if he gets hit by that car, that he will definitely die. He stated that he tried to position his bicycle to absorb the impact as much as possible. He described that the impact turned him around and that he hit his head on the edge of the bonnet and the car window. He stated that it is the last thing that he remembers and when he regained his consciousness, he was lying on the road with people around him, including police and ambulance that had been called by passer-by's. He felt confused immediately after as to what exactly had happened. He was taken to Royal Prince Alfred Hospital via ambulance.

History of symptoms and treatment following the motor accident

80. Mr Stonis described that his right leg was injured and was swollen and bleeding. Once he was in the ambulance, he started experiencing severe pain and thought that his leg was broken. However, no fracture was identified on X-ray at the hospital. He was discharged home the same day and took a taxi home. He remembered feeling nauseous and developing back pain. He also developed severe headaches after returning home. He saw his general practitioner in this context. His general practitioner ordered a scan of his head, but no bleeding or significant injuries were found in his brain.
81. He described that for the following few weeks, he spent most of his time in bed, as he felt everything was hurting. He also noticed that he was always in “fear mode”. His sleep was disturbed. He stated that once he felt physically better, he travelled back to Lithuania. That was about three months afterwards. He stated that he always travels to Lithuania around that time, in July. He stated that he was feeling strange as he could not get rid of his constant feeling of fear. The same fear that he felt at the time that he saw the car coming towards him when he was riding his bicycle on the day of the subject accident. He described that he tried to convince himself that the fear was irrational but was unable to do so as he was still scared a lot of the time.
82. He described that he was commenced on Mirtazapine in the context of poor sleep. He recalled that he took Mirtazapine previously in 2011 and 2012, however this time it did not help him as much as he expected it would. He described that he started experiencing nightmares soon after the accident, which consisted of “bits of memories from the accident”. He stated that the nightmares would keep him awake, and his wife would say that he would jump in bed, wake up and breathe heavily.
83. He started riding a bicycle again after a few months and recalled that he was very scared doing so. He stated that he tried a few different bicycles but was unable to find the one on which he would feel safe. He stated that after two to three years, he went through about twenty bicycles. He continued to ride but has been experiencing significant fear and anxiety.
84. He described that he has seen several psychologists since the subject accident. Initially, he had about 30 sessions with a psychologist, who was in the same practice as his general practitioner, and was seeing them once per week, on average. He recalled that it was partially helpful at the time, and he partly recovered. He felt that his Post-traumatic Stress Disorder symptoms have become worse in 2019. They were also associated with significant depressive symptoms. He described that his wife had found

the program for Post-traumatic Stress Disorder treatment, that he attended for three months, with some improvement in his symptoms. Subsequently, he also saw a psychologist who was specialising in trauma. He described that even though he has found these treatments useful to an extent, he has not been able to completely resolve his symptoms of Post-traumatic Stress Disorder and associated depression.

Details of any relevant injuries or conditions sustained since the motor accident

85. None.

Current Symptoms

86. Mr Stonis described experiencing ongoing nightmares, however, recently, does not remember the exact content of the nightmares, but wakes up with feelings of fear. As a result, his sleep continues to be disturbed. He stated that he always has a feeling of dread, like something horrible will happen. He has ongoing intrusive thoughts about the subject accident and tries to avoid any reminders of it, as when he is reminded of it, his mood usually drops, and he feels intense distress. He described that his mood is usually very low, and his appetite varies. When he is particularly depressed, his appetite drops and he would lose up to 15 kilograms of weight in one month, but then regain it.

87. During periods of particularly low mood, his energy levels are usually low. He does not enjoy anything and lacks motivation to do most tasks. At these times, he also has thoughts about death, but no specific suicidal ideations.

Current and proposed treatment

88. Mr Stonis stated that he is currently seeing a trainee psychologist through ACAP Psychology Clinic. He finds it somewhat helpful. He also takes Mirtazapine, 30 milligrams, at night, and antidepressant medication.

Mental state examination

89. Mr Stonis presented as a man appearing of stated age with long, dishevelled hair and beard. He was generally cooperative and settled, and visibly distressed discussing the subject accident and its consequences. There was no evidence of psychomotor disturbance or abnormal movements.

90. His affect was depressed and restricted. He described his mood as "very low".

91. There was no evidence of a formal thought disorder

92. He reported ongoing passive suicidal ideations, but no specific intent or plans.
93. There was no evidence of psychotic symptoms, such as delusions or hallucinations.
94. He was oriented to time, place, and person. He had good insight and a good degree of rational judgement.

Current functioning

95. Mr Stonis described that he did not partake in any household tasks, such as cooking or cleaning. He explained that his wife is doing all of it. He has no motivation or energy usually. He stated that prior to the subject accident, they were sharing household work on a "50/50 basis". He does not trim his hair or beard as he is not motivated to do so. He does not regularly brush his teeth as he does not feel it is important. He showers regularly if his mood improves, however does not regularly shower during periods of low mood. He has no significant problems leaving home. He is able to ride his bicycle but feels less enjoyment from it than he used to.
96. He has travelled to Lithuania five times since the subject accident. He is generally socially reclusive and rarely sees his friends. He prefers to stay at home, and either be in bed or watch videos on his computer. He does sometimes go out with his wife to have dinner but avoids social events as it makes him tired and anxious. He occasionally engages with the Lithuanian community. When he travels to Lithuania, he mostly stays with his mother. He only very occasionally goes out with his brothers and sisters, as he feels a lack of motivation and it increases his anxiety levels. When he goes out with his wife in Sydney, it is usually just to the local food court, and he does not enjoy it much.
97. He described that his wife is supportive, but their relationship is strained, and their sex life is poor, as he lost interest and enjoyment in sex and has a low libido.
98. He described that his memory is "really bad". It is hard for him to learn new things. He described that when he reads a book, it is hard for him to remember what he has read, and he needs to read the same chapter several times. He described that in the past, he had a good memory.
99. He does not currently work. He stated that he has attempted several times to perform work, including with the Lithuanian community, but he was not successful. Mr Stonis described that it was only proposed that he completes one project, but he did not get the funding. He stated that he spent six months trying to create a site. It was a simple task, but he felt he was unable to do it, due to problems with concentration and

difficulty organising himself, and he has abandoned that now. He described that it was seven years since he wrote a single line of code, whereby in the past, he was a proficient computer programmer.

Comments of consistency

100. There were generally no inconsistencies in Mr Stonis's history or presentation.

Permanency of impairment

101. Mr Stonis's psychiatric impairment is permanent, as his symptoms are chronic and pervasive in nature. It is unlikely that his impairment will change by more than 3% with or without further medical treatment.

Diagnosis and reasons

102. Based on Mr Stonis's history, presentation and review of provided documentation, he meets the diagnostic criteria for Post-traumatic Stress Disorder as per DSM-5. This is based on a history of Mr Stonis being involved in a serious motor vehicle accident, where he was knocked off his bicycle by a car, with associated significant fear that he will die or be seriously injured. Subsequent to that, Mr Stonis developed significant intrusion symptoms, including recurrent, involuntary and intrusive distressing thoughts, regarding the accident; persistent avoidance of stimuli associated with the accident; negative alterations in cognitions and mood associated with the accident; and marked alterations in arousal and reactivity associated with the accident.

103. Mr Stonis also meets the diagnostic criteria for comorbid Persistent Depressive Disorder with intermittent major depressive episodes, characterised by experiencing depressed mood for most of the day for more days than not, for at least the past two years, associated with significant disturbance in appetite and sleep; experiencing low energy and fatigue; low esteem; difficulties with concentration; and feelings of helplessness.

104. During periods of experiencing major depressive episodes, his depressed mood becomes more pervasive and associated with a markedly diminished interest and ability to derive pleasure from most of his activities; significant appetite reduction and associated weight loss; more pronounced sleep disturbance; feelings of fatigue and low in energy nearly every day; feelings of worthlessness; further diminished impairment in his memory and concentration; and recurrent thoughts about death and suicide.