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IN THE HIGH COURT OF JUSTICE IN NORTHERN IRELAND

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QUEEN'S BENCH DIVISION

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2009 No. 131936

BETWEEN:

SOPHIE-NICOLE HUTTON (A MINOR) BY HER FATHER AND NEXT FRIEND TREVOR HUTTON

Plaintiff;

-and-

PATRICIA McKENNA

Defendant.

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COLTON J

[1] The plaintiff was born on 11 February 2002. Her father gave evidence before me that on 2 October 2008 she was a rear seat passenger in a motor vehicle being driven by him. He describes how his vehicle was involved in a head-on collision with a motor vehicle driven by the defendant. He estimates that he was driving at approximately 50 miles per hour at the time of collision. As a result of the collision the plaintiff, who was restrained in a baby seat, was struck by an item, probably the rear-view mirror, as a result of which she was rendered unconscious. She suffered very significant personal injuries as a consequence of the accident.

[2] The plaintiff brings a claim through her father and next friend seeking compensation for those injuries. Liability has been admitted by the defendant and the only issue between the parties is one of quantum.

[3] I am obliged to counsel in this case for their clear and concise elucidation of the issues between the parties. Mr Frank O'Donoghue QC appeared with Mr Rory Donaghy for the plaintiff. Mr David Ringland QC led Mr Jonathan Mercer for the defendant.

[4] At the hearing I heard evidence from both parents of the plaintiff. They were both understandably upset and worried about the extent of their daughter's injuries

and the effect this has had on her life to date and the implications for her future. The plaintiff's parents' concerns have been well canvassed and recorded in the extensive medical evidence which the court has received. As I indicated to the plaintiff's parents and counsel in the case, I will assess quantum on the basis of the medical evidence before me.

[5] I did not hear any oral evidence from any of the doctors who had examined the plaintiff and provided reports for the court. There was a large measure of agreement between the doctors on the extent and effects of the plaintiff's injuries.

[6] There is no dispute that the plaintiff suffered very significant injuries. This is apparent from the hospital notes and records which dealt with her admission initially to Craigavon Area Hospital and thereafter to the Royal Belfast Hospital for Sick Children.

[7] The notes record that Sophie was admitted to Craigavon Area Hospital on the evening of the accident. She was fully immobilised and had an obvious large laceration on the right forehead, orbit and scalp. Her Glasgow Coma Scale was recorded at 5. She would not open her eyes; she was making incomprehensible sounds and was extending to pain. Her heart rate was 50 beats per minute and her respiratory rate was 10 breaths per minute and very shallow. Pupils were mid-size and she required assisted ventilation from the moment of entry into the emergency room being 100% oxygen. She was seen by an anaesthetist and underwent a rapid sequence induction and intubation and was then transferred to a CT scanner.

[8] A CT scan of the brain showed a fracture of the right frontal bone with a minimally depressed fracture. The fracture line extended into the right supra-orbital region, but there was no evidence of significant intracranial haematoma.

[9] She was transferred to the Royal Belfast Hospital for Sick Children where she was admitted to the Paediatric Intensive Care Unit.

[10] On assessment by Maxillofacial Surgery it was noted that she had a nasty scalp laceration extending from above the right eye into the forehead on the left to midline. A lot of swelling and oedema was noted around the right eye and there was a small abrasion of the left cornea. Bruising was present in the right upper arm but was not extensive. Mr Gray, consultant neurosurgeon, treated the dural laceration and the fracture conservatively. The scalp wound was cleaned and sutured and she was kept sedated in the intensive care unit for 48 hours. When the muscle relaxants were removed she regained consciousness quickly and was moved to Paul Ward on 6 October 2008. The scalp wound healed well and she was discharged from the ward on 19 October 2008.

[11] During her time in hospital she was treated by maxillofacial surgeons, plastic surgeons and ophthalmic surgeons. In addition to injuries outlined on examination of the oral cavity a tear to the labial frenulum was noted. On discharge to the

Paul Ward she was treated by physiotherapists who noted a right foot drop and decreased proprioception on the upper limb on the right side. She had decreased fine motor control on the left side compared to the right. She had poor environmental safety awareness and required on-going rehabilitation on 15 October 2008.

[12] After discharge she required an extensive package of support both here and in England where she moved to live with her mother, in particular from clinical neuropsychologists and psychologists.

Medical reports

[13] The court received the following medical reports:

Plaintiff's medical reports

(i) Reports from Dr Brian Mangan, consultant psychiatrist, dated 22 December 2008 and 1 August 2017.

(ii) Report from Mr Cooke, consultant orthopaedic surgeon dated 7 April 2009.

(iii) Report from Mr Millar, consultant plastic surgeon dated 8 July 2009.

(iv) Reports from Mr McConnell, consultant neurosurgeon dated 24 February 2011 and 6 April 2017.

(v) Reports from Dr McCusker, consultant neuropsychologist dated 1 June 2012, 30 October 2013 and 17 April 2017.

(vi) Report from Mr Ramsay-Baggs, consultant oral and maxillofacial surgeon dated 1 May 2017.

(vii) Report from Mr Kervick, consultant ophthalmologist dated May 2017.

(viii) Report from Mr Stephen Hunt, consultant neurologist dated 14 August 2017.

Defendant's medical reports

(i) Reports from Mr Mollan, consultant orthopaedic surgeon dated 28 October 2010 and 26 January 2014.

(ii) Reports from Dr Bownes, consultant psychiatrist dated 27 October 2010 and 12 April 2018.

(iii) Report from Mr Gordon, consultant plastic surgeon dated 25 May 2015.

(iv) Report from Mr J A Sharkey, consultant ophthalmic surgeon dated 16 August 2018.

[14] The court also received copies of photographs of the plaintiff showing the effect of her facial injuries whilst she was in hospital and also photographs illustrating the cosmetic effects of her injuries on 10 April 2017.

[15] The court also received copies of school reports relating to the plaintiff between 20 June 2008 and Spring 2017.

[16] In the course of the hearing I examined the plaintiff's facial scarring on two separate occasions.

[17] In assessing quantum I do not propose to rehearse all the medical evidence in the case which I have taken fully into account.

Assessment of damages

[18] As is clear from the above the plaintiff sustained a severe facial injury involving a significant skeletal fracture and an extensive laceration. These injuries have resulted in significant sequela for the plaintiff. The determination of the appropriate figure for damages in this case turns primarily on the court's assessment of those sequela. In broad terms the sequela involve facial scarring and disfigurement, a brain injury and a psychiatric injury.

[19] In assessing damages therefore I propose to award a figure in respect of each of these specific features of the plaintiff's injuries. In assessing the appropriate figure I will factor into account the traumatic injuries themselves namely, the fractures and lacerations rather than award a separate figure in that regard.

[20] I will then go on to consider some other minor aspects of the plaintiff's claim.

[21] In the course of submissions counsel for each party referred me to the Guidelines for Assessment of General Damages in Personal Injury Cases in Northern Ireland published by the Judicial Studies Board for Northern Ireland on 4 March 2013 ("the Guidelines").

[22] Whilst I obviously have had regard to the Guidelines I bear in mind Girvan LJ's comments in his introduction to the Guidelines when he says:

> **"***Guidelines, whether they relate to the appropriate level of damages or the appropriate level of sentencing in relation to criminal offences, remain just that, no more and no less. The function of the courts in assessing damages requires a*

> *careful scrutiny of the evidence, the drawing of conclusions about the nature and extent of relevant injuries and the impact of those injuries on the life of the plaintiff. The function of the court must never be seen as a box ticking exercise. Rather it calls for an exercise of judgment in the light of all the relevant circumstances. The infinite variety of life throws up a huge array of factors and matters relevant to the assessment of fair damages in respect of individual cases. It is thus not surprising that even within individual categories of injuries there may be a wide range of appropriate awards dependent on the circumstances of the individual case. The assessment of damages remains an art and not an exact science. These Guidelines provide assistance to those called on to exercise their art. They do not provide the precise answer to any given case."*

[23] I also have regard to the fact that the Guidelines were published in March 2013 and that it would be appropriate to uplift the categories to reflect inflation. Counsel suggested an uplift of 10% might be appropriate, but ultimately it has not been necessary to attribute a specific figure for inflation for the determination of damages in this action.

[24] I turn now to the specific injuries sustained by the plaintiff.

Facial injury/scarring/disfigurement

[25] The large laceration on the plaintiff's right face was cleaned and sutured while she was kept sedated in the Intensive Care Unit. The repair to the facial laceration was carried out by Mr Chris Hill, consultant plastic surgeon. He closed the laceration using deep level resorbable sutures, some very fine stitches to the upper eyelid and some surgical glue to the forehead region. Examination of the oral cavity and teeth also revealed a tear of the inside of the upper lip.

[26] The photographs taken of the plaintiff while she was in hospital amply demonstrate the traumatic effect of these lacerations and their repair. A scar is seen running through the midline of the plaintiff's forehead into her right eyelid which is closed, bruised and very significantly discoloured. The left eyelid is also closed and bruised and medical reports confirm that left corneal bruising was also apparent.

[27] The wound has healed but the plaintiff has been left with a very significant facial scar. The scar is commented on by the many doctors who have examined the plaintiff. Referring to the consultant plastic surgeons engaged in the case the scar is well described by Mr Derek Gordon who reported on behalf of the defendant after an examination of the plaintiff on 27 May 2015. On examination he describes the following:

> "*There is a scar running from a point to the left of the midline just below her hairline downwards to the medial aspect of the right eyebrow and then through the substance of the right upper eyelid to a point just to the lateral end of the right eyebrow. This scar measures 150 mms in total length. The main length of the scar on the forehead is quite fine although slightly depressed. As the scar runs through the right upper eyelid it becomes broader and measures about 7 mms across. The scar on the right upper eyelid is pigmented.*
>
> *The scar becomes more visible on activity of the frontalis and orbicularis muscles. Movement of the upper eyelid causes some distortion of the eyelid as a result of the scar. All of the scar is visible from 2 metres in a normally lit room.*
>
> *Above the right eyebrow there is a slight depression that is palpable, but only visible on close inspection. This depression measures about 30 x 20 mms, and I assume that this is the site of the depressed skull fracture.*
>
> *Her right eyebrow is about 5 mms higher than the left.*
>
> *There is altered sensation to light touch in the area immediately above the scar on her forehead."*

[28] Mr Millar describes "*a very extensive scar on her face*". Echoing this (and indeed most of the other doctors who report on the case) Mr Gordon describes:

> "*A very significant cosmetic deformity caused by a long scar in a most prominent part of her face. This scar causes some distortion of her right upper eyelid as well as displacement of her right eyebrow. The scar is plainly visible from conversational distances."*

[29] Mr Gordon did not expect any improvement in its appearance.

[30] Both plastic surgeons discussed the "*possibility*" of scar revision but regardless of any such procedures, which would require operations under general anaesthetic, it is agreed that she will continue to have a very significant scar.

[31] In the course of the medical reports the various experts have recorded the plaintiff's comments about the scar; Mr Mangan – 22 December 2008 – "*when she sees it she is sad"*; Mr Cooke – 23 February 2009 – "*dislikes school because of scar on her face*"; Mr McConnell – 6 April 2017 – "*she remains very conscious of its presence"*; her GP records highlight that the plaintiff was referred to the Red Cross for camouflage

creams in relation to her scarring; Dr McCusker – 3 April 2017 - "*She thinks about it and what others think of her everyday*". On the same date Dr McCusker records "*she 'hates' the scar on her face and that it is the 'first thing she sees' when she looks in the mirror in the morning"*. She tells Dr Mangan on 1 April 2017 that her scars remind her of the accident. She is particularly self-conscious of her scarring when she is with new people or in unfamiliar settings.

[32] Unsurprisingly the psychiatrists and psychologist who examined the plaintiff were concerned about the impact the scarring might have on her. The scarring clearly has had an impact on what Dr Mangan described, in his first report of 22 December 2008, as a "*significant psychological disturbance*". Dealing specifically with the issue of scarring Dr McCusker says in his report of 26 July 2012, at which stage the plaintiff was aged 9½ years, that:

> "*However, I am concerned that the visible scarring and deformity of her skull would become more significant as she enters adolescence and the impact on her psychological adjustment could become greater. Moreover, such visible deformity coupled with compromised peer relationships, do generally place her at elevated risk for mental health difficulties in later life."*

[33] When he next examined her in October 2013 when she was almost 11 years of age Dr McCusker records that talking about her injuries and in particular the scarring on her forehead provoked distress. She described to Dr McCusker how she "*felt different*" and was "*teased*" and "*probed*" about her disfigurement on her return to school. At that stage she did however say that things "*were okay*" now and that she did not think about the scar or the accident very much at that stage. However, unsurprisingly again Dr McCusker was concerned that the visual disfigurement "*is likely to be a risk factor for future adjustment difficulties, especially as she navigates her way through the teenage years where this may become more salient*".

[34] When examined by Mr McConnell in April 2017 she was still reporting that she felt very conscious of the presence of the scar. Dr McCusker repeats his concerns when he reports on 3 April 2017. He points out that in relation to the plaintiff:

> "*The impact of any facial disfigurement on self-image and adjustment may become accentuated during the teenage years, when self-image and peer relationships assume greater importance than during middle childhood."*

[35] Finally on this theme Dr Mangan reports on 1 August 2017 that in his opinion the plaintiff "*is likely to continue to have significant emotional distress as a consequence of the appearance of her scarring. In the longer term she is likely to continue to have significant emotional anxiety as a consequence of her concerns regarding the cosmetic appearance of her injuries."*

[36] In assessing the appropriate figure for compensation for the laceration to the plaintiff's face and the sequela I take into account the following factors:

- The severity of the laceration and the treatment required to repair the forehead, eye injury and lip injury.

- The prominent position of the scarring.

- The extent of the scarring running from the centre of the plaintiff's forehead through her eyelid.

- The fact that the scar is thicker and obviously pigmented in the right eye.

- The fact that the injury has resulted in the right eyebrow being raised above the level of the left eyebrow.

- The fact that the plaintiff has had to live with this scar since the age of six years.

- The significant psychological reaction suffered by the plaintiff.

- The potential future vulnerability of the plaintiff.

[37] In summary I consider this to be a very severe cosmetic defect in a young and very attractive female. I consider that it has had and will have a very significant impact on her.

[38] I consider that the appropriate figure for damages having taken these matters into account is one of £100,000.

[39] When I compare this to the guidelines for the assessment of damages, the first category is described as "very severe facial scarring". Factors taken into account – age, cosmetic deficit and psychological reaction – with a category of £75,000 to £225,000 (starting at £82,500, if one allows 10% for inflation). The figure I have suggested is at the lower end of this scale and above the scale for the next category of £30,000 to £75,000 (£33,000 to £82,500 if one allows 10% for inflation). The next category is described as relating to "less severe scaring where the disfigurement is still substantial and where there is a significant psychological reaction".

[40] The figure of £100,000 in my view fits the guidelines suggested.

Head injury

[41] The doctors agree that the plaintiff sustained "*a moderately severe head injury*" in the form of a depressed skull fracture which extended into the right supra orbital

region. She was initially rendered unconscious and her Glasgow Coma Scale at hospital was five. She has pre-accident amnesia and only regained consciousness during her stay in hospital.

[42] Initially, this injury was probably the main concern. The fracture has caused an injury to the brain which according to Mr McConnell in his report of 24 February 2011 "*has caused a very typical pattern of response in the initial phase in that she has many of the difficulties seen with behaviour, memory, anger and concentration after such an injury.*" The medical records refer to the "*aggressive behaviour*" of the plaintiff in the hospital. Mr McConnell indicated that it was necessary to have the plaintiff examined by a consultant clinical neuropsychologist, hence the reports from Dr McCusker. Dr McCusker has examined the plaintiff and has had access to her extensive medical notes and records. When he saw her in June 2012 he describes the injury suffered by the plaintiff as "*a significant brain injury*". It is clear that post-accident a package of care was put in place both in Belfast and later at Great Ormond Street Hospital where she attended clinical psychology and neuropsychology for assessments and interventions related to cognitive and emotional difficulties.

[43] Post accident the plaintiff suffered from behavioural regression such as being clingy, demanding behaviour, emotional liability and bed-wetting, together with some cognitive deficits (visuospatial and executive functioning difficulties). Dr McCusker confirms that these symptoms improved between assessments conducted in 2009 and 2011. When he examined the plaintiff at that time he found that she had made a generally good recovery in most cognitive abilities, but there was still a suggestion of weakness of fragility in the memory domain.

[44] Dr McCusker took the view that this should not curtail satisfactory progress through the education system but he felt that her previous potential had been comprised "*to some degree*". He pointed out as the brain was not yet developmentally complete further examination was required. Further examinations conducted by him suggest a good long term outcome for the plaintiff. When he saw her in October 2013 he did not find any evidence that further latent damage had emerged. Neuropsychological assessment suggested recovery across all cognitive domains at that time. He pointed out that her school attainments are consistent with this and suggest that she is making the most of her schooling to realise her intellectual ability. His opinion was confirmed when he examined her in April 2017. He attributes much of the plaintiff's outcome to the early medical interventions which were put in place in the aftermath of the accident.

[45] Dr McCusker specifically addresses the potential impact of her parents' separation and her subsequent move from Northern Ireland to England on her psychological well-being. Whilst he acknowledges that both sets of factors are relevant in terms of her behavioural difficulties he is firm in his view that he would "*ascribe more significance to the accident and its sequela*". It was his opinion, which I accept, that the accident had a separate and adverse impact on her emotional adjustment.

[46] From an examination of the medical reports it would appear that even as late as 3 June 2014 when she was seen by Dr Kucynski as part of her support package he drew attention to a "*mild weakness in memory*". He also recorded concerns about Sophie-Nicole's social and emotional functioning.

[47] Given how young the plaintiff was when she was injured the doctors and the court had only one pre-accident school report in respect of the plaintiff from Primary One where she was described as a "*very keen, capable child*". As confirmed by Dr McCusker it is clear that ultimately her education has not been damaged as a result of the injuries she sustained. Doubtless this is due to her own strength of character, the support of her parents and the medical support she received. However, all of this is very reassuring for the future.

[48] One obvious concern in relation to a head injury of this type is the risk of epilepsy and this has been considered by the consultant neurosurgeons and neurologists retained in the case. The final position is set out in the report from Mr Hunt dated 14 August 2017. At that stage he advised that there had been no epileptic seizures following the index event. He noted that the plaintiff was almost nine years from the point of injury at which stage he would consider the absolute risk of her developing epilepsy to be probably only very slightly greater than background risk. He described the risk as "very modest".

[49] In summary therefore the plaintiff has suffered a moderately severe head injury which Dr McCusker describes on 1 June 2012 as "*a significant brain injury*". In assessing damages I take into account the fact that the treatment for the fracture involved the plaintiff spending 17 days as an in-patient in hospital, some of which were in intensive care.

[50] This resulted in significant cognitive and behavioural difficulties which have resolved with appropriate support and treatment.

[51] Nonetheless, I consider that these were very significant for a young girl, particularly in the years between her fifth and tenth birthday.

[52] In addition to the symptoms and difficulties associated with the brain injury she has also been left with a cosmetic defect in the form of a "*saucer-like*" depression in the forehead, something of which she is very conscious.

[53] I consider that the appropriate figure for damages under this heading is one of £60,000.

[54] Again, when I look at the guidelines for the assessment of general damages this fits within what in my view is the appropriate category namely, a head injury with minor brain damage with the suggested range of £35,000 to £70,000 (£38,500 to £77,000 if one allows 10% for inflation).

Psychiatric injury

[55] The plaintiff clearly suffered a psychiatric injury. The symptoms relating to these injuries overlap to an extent with the injuries I have already discussed and I bear this in mind in assessing damages under this heading. Again, the doctors appear to be pretty much in agreement. The consensus is that the plaintiff suffered from psychiatric symptoms for a period of approximately four years post-accident. Leaving aside her behavioural difficulties she suffered from bed-wetting and sleep disturbance. She required some sedatives and treatment from psychology services. She became particularly anxious in motor vehicles. Dr Mangan described her symptoms as "*significant psychological disturbance*". Her emotional disorder impacted significantly in her relationships with her family and peers. In particular she appears to have had difficulty maintaining relationships in her own age group with a tendency to form friendships with younger children. It was Dr Mangan's opinion that the emotional disorder had resolved within four years. He did recognise that she would have further difficulties arising from the appearance of her scarring but these have been factored into the figure I have awarded for the cosmetic injury. Dr McCusker too, whilst acknowledging that the plaintiff has made a full recovery, is clearly of the opinion that the plaintiff remains at risk of future adjustment difficulties, again mainly attributable to her scarring. Dr Bownes, who reports for the defendant, does not appear to disagree with the opinions of Dr Mangan or Dr McCusker.

[56] Whilst it is reassuring that the plaintiff has made a good recovery in emotional terms one should not under-estimate the impact of this emotional upset and disorder over a four year period at such an important and formative time in her life. She had to cope with this against the background of the breakup of her parents' marriage and moving from Northern Ireland to England and all that that entailed.

[57] I consider that the appropriate figure for the psychiatric injury in this case is one of £15,000. When I consider the guidelines for the assessment of general damages I note that this figure is above the category described as "*minor psychiatric damage*" which suggests a category of up to £10,500 (£12,000 if one allows 10% for inflation). It is at the very bottom of the next category described as moderate psychiatric damage which is £10,000 to £40,000 (£11,000 to £44,000 if one allows 10% for inflation). I consider the figure of £15,000 is within the appropriate guidelines.

Other injuries

[58] The plaintiff also claimed damages for soft tissue injuries to her neck and back. Mr Cooke records that when he examined the plaintiff on 23 February 2009 some four months post-accident the plaintiff was complaining of pain in her head, back and neck which required Calpol or Nurofen. His opinion was that the complaints in relation to her neck and back would resolve with time.

[59] The defendant challenges the assertion that the plaintiff sustained any soft tissue injury to the neck or back. Professor Mollan, who reports on behalf of the defendant, points out that there is no record of any complaint in relation to her neck and back in the hospital notes and records or in any subsequent records. He highlights that the Craigavon casualty record notes "*no neck tenderness*".

[60] Professor Mollan simply points out that there is no orthopaedic concern about the effects of this injury.

[61] Mr Ringland suggests on behalf of the defendant that the plaintiff should not be awarded any compensation for injury to neck and back.

[62] I have come to the conclusion that the plaintiff did suffer some minor soft tissue type injuries to her neck and back and I accept the complaints she has made to the doctors. It is unsurprising that there is no reference to these symptoms in the hospital medical notes and records having regard to the very serious and traumatic injuries the doctors were treating at the relevant time. I also note that the plaintiff suffered bruising to her right shoulder. She also attended for physiotherapy, but this appears to relate to the right foot drop and injury to the right side which is probably attributable to the brain injury. The medical evidence also suggests the plaintiff suffered some minor injuries to her teeth.

[63] I propose to award a figure of £5,000 for these miscellaneous injuries.

[64] The plaintiff also claims that she suffered a further injury to her right eye which is described in the report of Mr Kervick. Since the accident the plaintiff has reported being troubled with intermittent watering and a feeling of dryness and irritation affecting the right eye and to a lesser extent the left. On examination by Mr Kervick on 12 April 2017 he found mild periorbital pigmentation affecting both upper and lower lids which he felt was indicative of chronic, allergic inflammatory conditions affecting the lids. He took the view that her remaining symptoms were due to a combination of mild allergic conjunctivitis and inflammation affecting both eyes, but more so on the right than the left. He took the view that her symptoms were "*probably aggravated on the right eye due to the pre-existing trauma*". He provided her with some anti-allergic drops to use when she is symptomatic. Therefore, his opinion was that the injury contributes to the symptoms being apparently worse on the right side, but he accepts that they are not the exclusive cause of her symptoms which are due to a combination of lid inflammation and allergies. Mr Sharkey provided a "*desk top*" report for the defendant in which he points out that allergic eye disease is generally bilateral. It was his view on the balance of probabilities that it was more likely that the finding in relation to the plaintiff's right eye is coincidentally an asymmetrical finding. It was his view that her symptoms were more likely to be entirely due to her mild allergic eye disease and not related to the trauma of the accident.

[65] There is no response to this report from Mr Kervick. On balance I am not satisfied that the plaintiff has established that there is a compensable injury under this heading which can be reasonably attributed to the accident on the balance of probabilities. I do accept that the plaintiff has had some difficulties with her right eye as a result of her injuries, but these in my view are compensated in the figure I have awarded for the facial injury in any event.

[66] Thus the total figure for general damages is one of £180,000. In cases involving a multiplicity of injuries each of which calls for individual evaluation it is well established that one should check the correctness of the aggregate sum by considering the figure on a global or general basis. Essentially this involves an intuitive assessment of the suitability of the sum produced to compensate the overall condition of the plaintiff. Having carried out this exercise I conclude that a global figure of £180,000 represents fair and reasonable compensation for the personal injuries the plaintiff has sustained. I take the view that these injuries represent significant life changing injuries for the plaintiff in respect of which she is entitled to substantial compensation.

[67] Special damages have been agreed at £1,531 save for a dispute concerning the plaintiff's claim for travel.

[68] At the time of the accident the plaintiff's mother was attending her sister's wedding in Greece. The plaintiff's mother, Mrs Empson gave evidence of how she heard about the accident and was understandably extremely distressed and shocked. She contacted her partner, now husband, who made immediate arrangements for her to travel home so that she could be with her seriously injured daughter in hospital. She described how she became emotionally unstable and it was decided that she would travel home with her two brothers and her elder sister. The cost of the flights from Greece to Gatwick airport in London is agreed at £2,278.36. The cost of the flights from Gatwick to Belfast is agreed at £293.71. She flew from Greece in the early hours of the morning of Friday 3 October 2008 which was the earliest available flight.

[69] She said that she would not have been able to go on her own and needed the support of her immediate family to travel with her.

[70] In cross-examination by Mr Ringland the plaintiff confirmed that she and her party had travelled business class but that this was the only option available to her at the time. She did not obtain any compensation or refund in respect of the flights which she had originally booked to travel home after the wedding celebrations were over.

[71] Having heard the evidence of Mrs Empson I am satisfied that this expenditure was reasonable in the circumstances of the crisis with which she was confronted. I consider that it is reasonable for her to recover this expenditure which

was entirely attributable to the circumstances that arose as a result of the accident. Her conduct was entirely understandable and reasonable.

[72] Accordingly I also award the plaintiff the sum of £2,572.07.

[73] The damages payable under this heading are to be paid directly to the plaintiff's mother.

[74] The defendant has agreed to pay the applicable CRU Certificate which in any event subsumes the plaintiff's claim for care which was undoubtedly provided by her parents post-accident.

[75] Accordingly, I award the following:

General damages - £180,000
Special damages - £1531.00
Cost of flights - £2572.07

[76] I award interest at 2% on the general damages from the issue of the writ in these proceedings and 4% on special loss, again from the issue of the writ in these proceedings.