

LEGISTAR NO.

150569

IN THE CIRCUIT COURT OF THE EIGHT
JUDICIAL CIRCUIT IN AND FOR
ALACHUA COUNTY, FLORIDA

GENERAL JURISDICTION DIVISION

CASE NO. 01 2015 CA 004000

BONEUR JEAN-PHILLIPE,

Plaintiff,

v.

CITY OF GAINESVILLE,

Defendant.

COMPLAINT

COMES NOW, BONEUR JEAN-PHILLIPE, by and through undersigned counsel, and hereby sues, Defendant, CITY OF GAINESVILLE, and in support thereof, states as follows:

PARTIES, JURISDICTION AND VENUE

1. This is an action for damages in excess of \$15,000.00 inclusive of interests and costs.
2. Plaintiff, BONEUR JEAN-PHILLIPE, is a resident of Alachua County, Florida and is *sui juris*.
3. Defendant, CITY OF GAINESVILLE, is a municipal corporation and governmental entity located in Alachua County, Florida.
4. Venue is proper in this jurisdiction because, among other reasons, the cause of action herein accrued in Alachua County, Florida.
5. All conditions precedent to the filing of this action have been satisfied, have occurred, and/or have been waived or excused including but not limited to statutory requirements set out in

By: _____

COHEN LAW

2030 S Douglas Road, Suite 201, Coral Gables, FL 33133
Telephone: 305.967.7550 Facsimile: 305.967.1550

Section 768.28. The City of Gainesville received a Claims Notice pursuant to Fla. Stat. 768.28 and more than 180 days from receipt of that Notice has lapsed. (Claims Notice, Exhibit "A")

ALLEGATIONS COMMON TO ALL COUNTS

6. On October 9, 2014, BONEUR JEAN-PHILLIPE was operating a 2007 Toyota (VIN JTNBB46K673011317) at 8:45am and had just stopped on the northbound right lane of SR329 (S Main Street) in Alachua County at the red light of the intersection with W. University Ave.

7. On October 9, 2014, BOB HERBERT POOLE was operating a 2006 GMC (VIN 3GTEC14ZX6G248661) at 8:45am driving behind Plaintiff also traveling northbound on SR329 (S Main Street) in Alachua County.

8. On October 9, 2014, at 8:45am BOB HERBERT POOLE so negligently operated the vehicle owned by the CITY OF GAINESVILLE that he caused a collision by rear ending JEAN-PHILLIPE's vehicle while JEAN-PHILLIPE was stopped at the red light.

9. On October 9, 2014, at 8:45am BOB HERBERT POOLE negligently operated the vehicle owned and controlled by CITY OF GAINESVILLE with the permission and knowledge of the CITY OF GAINESVILLE and within the course and scope of his employment with the CITY OF GAINESVILLE.

COUNT I
(NEGLIGENCE-VICARIOUS LIABILITY)

10. BONEUR JEAN-PHILLIPE incorporates and re-alleges paragraphs one (1) through nine (9) as if more fully set forth herein.

11. At all times relevant herein, driver BOB HERBERT POOLE was acting as an agent under the direction, control and/or permission of Defendant, CITY OF GAINESVILLE and within the course and scope of his employment with the CITY OF GAINESVILLE.

12. Defendant, CITY OF GAINESVILLE acted in contravention to its duty of care to Plaintiff BONEUR RJEAN-PHILLIPE, by negligently, carelessly and recklessly failing to properly train, supervise, control, direct and monitor its agent in his duties and responsibilities when BOB HERBERT POOLE failed to stop causing an automobile collision and injuries to BONEUR JEAN-PHILLIPE.

13. CITY OF GAINESVILLE's acts of negligence are the actual and proximate cause of BONEUR JEAN-PHILLIPE's injuries.

14. As a direct result of the Defendant's negligence, the Plaintiff, BONEUR JEAN-PHILLIPE suffered losses, including bodily injury and resulting pain and suffering, mental anguish, loss of capacity for the enjoyment of life, expenses of hospitalization, medical treatment, aggravation or acceleration of pre-existing injury, loss of earnings and loss of ability to earn money and property damage. These losses are either permanent or continuing and Plaintiff will suffer the losses in the future.

WHEREFORE, Plaintiff, BONEUR JEAN-PHILLIPE, requests the Court to enter judgment against Defendant, CITY OF GAINESVILLE, for damages, including property damage, costs, attorneys' fees, interest, and such other and further relief the Court deems just a proper, and requests a trial by jury of all issues so triable.

DEMAND FOR JURY TRIAL

COHEN LAW

Attorneys for Plaintiff

2030 S Douglas Road.

Suite 204

Coral Gables, FL 33134

Tel: (305) 967-7550

Fax: (305) 967-7550

Email: dc@cohenlawpa.com



DANIELLE A. COHEN

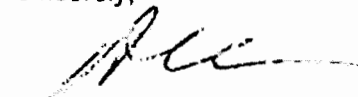
Fla. Bar No.: 27623

hospitalization, medical and nursing care and treatment.

Pursuant to Florida Statute §768.28(6) (d), further information requested by Florida Statute §768.28 (6) (c) will be provided prior to settlement payment, close of discovery or commencement of trial, whichever is sooner.

if additional information is requested or if this notice is legally defective in any way, please contact me immediately.

Sincerely,



Aaron Baker
Esquire
(352) 240-7700

via: U.S. Certified Mail/Return Receipt Requested
Receipt Number

AB/ab

91 7199 9991 7032 8900 1095

cc:

Florida Department of Financial Services
200 East Gaines Street
Tallahassee, FL 32399-0300

via: U.S. Certified Mail/Return Receipt Requested
Receipt Number

SENDER, COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent <i>Aaron Baker</i> <input type="checkbox"/> Addressee</p> <p>B. Registered by (Printed Name) <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <i>Aaron Baker</i></p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No <i>10/5/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <i>City / Rick Box 490 Will 7 32627</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>91 7199 9991 7032 8900 1095</i></p>