

**LEGISTAR NO.**

**120056**

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

RODRICK THOMPSON, and  
DEBORAH THOMPSON

CASE NO.: 2012 CA 2040  
DIVISION: J

Plaintiffs,

vs.

CITY OF GAINESVILLE, a political  
subdivision,

Defendant

FILED  
OK 63  
2012 MAY 16 PM 1:40  
J.K. "BUDDY" HRY  
CLERK OF COURTS  
ALACHUA COUNTY, FL.

**MOTOR VEHICLE NEGLIGENCE COMPLAINT**

Plaintiffs, RODRICK THOMPSON and DEBORAH THOMPSON, by and through the undersigned attorney, sues Defendant, CITY OF GAINESVILLE, a political subdivision and alleges:

**COUNT I - MOTOR VEHICLE NEGLIGENCE - RODRICK THOMPSON**

1. This is a cause of action for damages that exceed \$15,000.00.
2. Plaintiff, RODRICK THOMPSON, is a resident of Gainesville, Alachua County Florida.
3. Defendant, CITY OF GAINESVILLE, a political subdivision, hereinafter ("CITY OF GAINESVILLE"), was and still is a municipal corporation, duly organized and existing under the laws of the State of Florida, with principal headquarters in Gainesville, Alachua County, Florida, owned and operated GAINESVILLE REGIONAL TRANSIT SYSTEM, hereafter ("RTS"), an agency that operated a transport service in Gainesville, Florida.

Case: 2012 CA 002040  
00032129709  
OK: C000-R

15

4. RTS was and still is a functioning branch and arm of the Defendant, CITY OF GAINESVILLE.
5. On or about March 22, 2011, Defendant, CITY OF GAINESVILLE, owned a 2006 Chevy Express, VIN number: 1GAHG39U561145214.
6. On or about March 22, 2011, Defendant, CITY OF GAINESVILLE's, employee/agent, Kelvin Mattair, was the operator of said 2006 Chevy Express on State Road 20, Gainesville, Alachua County, Florida, with full knowledge, permission, and consent of the Defendant, CITY OF GAINESVILLE, and RTS.
7. On or about March 22, 2011, Defendant's employee/agent, Kelvin Mattair, negligently operated and /or negligently maintained said vehicle so that it collided with a vehicle Plaintiff, RODRICK THOMPSON, was occupying by running into the back of Plaintiff's vehicle, causing a rear-end collision and causing Plaintiff to suffer serious permanent injury.
8. At the time of the March 22, 2011, motor vehicle accident, said employee/agent of Defendant, CITY OF GAINESVILLE, and RTS, Kelvin Mattair, was acting within the scope of his employment.
9. The above-mentioned accident was also the result of Defendant, CITY OF GAINESVILLE, and RTS negligently maintaining said vehicle and/or negligently hiring its employee/agent driver, Kelvin Mattair.

10. Plaintiff, RODRICK THOMPSON, gave written notice of the above-mentioned motor vehicle accident to the Defendant, CITY OF GAINESVILLE, RTS and the Department of Financial Services on May 17, 2011 by certified U.S. mail, pursuant to Florida Statutes §768.28 (Exhibit A).
11. As a direct and proximate result of the aforesaid negligence of Defendant, CITY OF GAINESVILLE, and RTS and Defendant's employee/agent, Kelvin Mattair, Plaintiff, RODRICK THOMPSON, suffered serious bodily injury and resulting pain and suffering, disability, disfigurement, mental anguish, loss of capacity for the enjoyment of life, expense of hospitalization, medical and nursing care and treatment, loss of earnings, loss of ability to earn money, and/or aggravation of a previously existing condition. These injuries are permanent and continuing within a reasonable degree of medical probability and Plaintiff, RODRICK THOMPSON, will suffer said losses in the future.
12. More than six (6) months have elapsed since notice was provided to CITY OF GAINESVILLE, and RTS, and the Department of Financial Services, and final disposition has not been reached.
13. Plaintiff, RODRICK THOMPSON, has satisfied all conditions precedent to bringing this lawsuit.

**COUNT II - MOTOR VEHICLE NEGLIGENCE - DEBORAH THOMPSON**

14. This is a cause of action for damages that exceed \$15,000.00.
15. Plaintiff, DEBORAH THOMPSON, is a resident of Gainesville, Alachua County Florida.
16. Defendant, CITY OF GAINESVILLE, a political subdivision, hereinafter ("CITY OF GAINESVILLE"), was and still is a municipal corporation, duly organized and existing under the laws of the State of Florida, with principal headquarters in Gainesville, Alachua County, Florida, owned and operated GAINESVILLE REGIONAL TRANSIT SYSTEM, hereafter ("RTS"), an agency that operated a transport service in Gainesville, Florida.
17. GAINESVILLE REGIONAL TRANSIT SYSTEM was and still is a functioning branch and arm of the Defendant, CITY OF GAINESVILLE.
18. On or about March 22, 2011, Defendant, CITY OF GAINESVILLE, owned a 2006 Chevy Express, VIN number: 1GAHG39U561145214.
19. On or about March 22, 2011, Defendant, CITY OF GAINESVILLE's, employee/agent, Kelvin Mattair, was the operator of said 2006 Chevy Express on State Road 20, Gainesville, Alachua County, Florida, with full knowledge, permission, and consent of the Defendant, CITY OF GAINESVILLE, and RTS.
20. On or about March 22, 2011, Defendant's employee/agent, Kelvin Mattair, negligently operated and /or negligently maintained said vehicle so that it collided with a vehicle Plaintiff, DEBORAH THOMPSON, was occupying by running into the back of Plaintiff's vehicle, causing a rear-end collision and causing Plaintiff to suffer serious permanent injury.

21. At the time of the March 22, 2011, motor vehicle accident, said employee/agent of Defendant, CITY OF GAINESVILLE, and RTS, Kelvin Mattair, was acting within the scope of his employment.
22. The above-mentioned accident was also the result of Defendants, CITY OF GAINESVILLE, and RTS negligently maintaining said vehicle and/or negligently hiring its employee/agent driver, Kelvin Mattair.
23. Plaintiff, DEBORAH THOMPSON, gave written notice of the above-mentioned motor vehicle accident to the Defendant, CITY OF GAINESVILLE and RTS and the Department of Financial Services on May 17, 2011 by certified U.S. mail, pursuant to Florida Statutes §768.28 (Exhibit B).
24. As a direct and proximate result of the aforesaid negligence of DEFENDANT and Defendant's employee/agent, Kelvin Mattair, Plaintiff, DEBORAH THOMPSON, suffered serious bodily injury and resulting pain and suffering, disability, disfigurement, mental anguish, loss of capacity for the enjoyment of life, expense of hospitalization, medical and nursing care and treatment, loss of earnings, loss of ability to earn money, and/or aggravation of a previously existing condition. These injuries are permanent and continuing within a reasonable degree of medical probability and Plaintiff, DEBORAH THOMPSON, will suffer said losses in the future.
25. More than six (6) months have elapsed since notice was provided to CITY OF GAINESVILLE, and RTS and the Department of Financial Services, and final disposition has not been reached.

26. Plaintiff, DEBORAH THOMPSON, has satisfied all conditions precedent to bringing this lawsuit.

**COUNT III-LOSS OF CONSORTIUM - RODRICK THOMPSON**

27. Plaintiffs reallege and incorporate by reference herein paragraphs 1 through 26 above.
28. Plaintiffs, RODRICK THOMPSON and DEBORAH THOMPSON, at all times pertinent hereto were married.
29. Plaintiff, RODRICK THOMPSON, has lost the comfort, companionship, and consortium of Plaintiff, DEBORAH THOMPSON, and will continue to suffer such losses in the future.

**COUNT IV-LOSS OF CONSORTIUM - DEBORAH THOMPSON**

30. Plaintiffs reallege and incorporate by reference herein paragraphs 1 through 29 above.
31. Plaintiffs, RODRICK THOMPSON and DEBORAH THOMPSON, at all times pertinent hereto were married.
32. Plaintiff, DEBORAH THOMPSON, has lost the comfort, companionship, and consortium of Plaintiff, RODRICK THOMPSON, and will continue to suffer such losses in the future.

WHEREFORE, Plaintiffs, RODRICK THOMPSON AND DEBORAH THOMPSON, sue Defendant, CITY OF GAINESVILLE, a political subdivision, duly organized and existing under the laws of the State of Florida, for amounts in excess of \$15,000.00 and demands a trial by jury of all issues so triable.

DATED this 15<sup>th</sup> day of May, 2012

STEVEN A. BAGEN & ASSOCIATES, P.A.



---

MELONIE I. DORSEY, ESQ.  
FL BAR NO. 0958158  
P. O. Box 5757  
Gainesville, FL 32627  
(352) 377-9000  
Attorney for Plaintiffs



Accident Attorney

**Steven A. Bagen & Associates, P.A.**

Main Office - 6241 NW 23rd Street, Suite 300, Gainesville, Florida 32653

Mail - P.O. Box 5757, Gainesville, Florida 32627

Telephone (352) 377-9000/Fax (352) 373-9000

Steven A. Bagen, Esq.

Melonie I. Dorsey, Esq.

Michael L. Gibson, Esq.

Richard Mellman, Esq.

FORMAL NOTIFICATION OF CLAIM PURSUANT TO F.S. 768.28

May 17, 2011

RE: Our Client : Rodrick Marvin Thompson  
Municipality/County Agency involved: City of Gainesville  
Date of Accident : March 22, 2011  
Location of Accident : Gainesville, Florida

Dear Sirs:

Please accept this letter as formal notification pursuant to Florida Statute 768.28 that the above captioned client intends to institute a claim for personal injuries suffered as a result of the negligence of the above-captioned Municipality/State Agency.

Pursuant to F.S. 768.28(6)(c), the Claimant also provides the following information:

- 1) Date of Birth: November 15, 1961
- 2) Place of Birth: Monticello, Florida
- 3) Social Security Number: [REDACTED]
- 4) Prior adjudicated unpaid claims in excess of \$200.00 owed by the Claimant to the State of Florida, its agencies, officers, or subdivision: NONE

The substance of the claim of negligence, and the injuries suffered by the above captioned Claimant, is set forth as follows:

FACTS:

The claimant was driving a vehicle that was stopped for at a traffic light when he was rear-ended by a City of Gainesville van.

INJURIES:

The claimant sustained injuries to his neck and back.

CONSORTIUM:

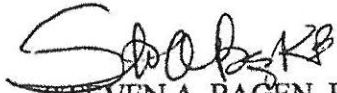
Deborah Thompson as spouse.



FORMAL NOTIFICATION OF CLAIM PURSUANT TO F.S. 768.28  
RE: Rodrick Marvin Thompson  
PAGE 2

If there are any questions, or if any additional facts are needed, please do not hesitate to call my office at (352) 377-9000. My client can be made available to provide further information, if necessary.

Sincerely,



STEVEN A. BAGEN, ESQUIRE

SAB/kb

Enclosure: Accident Report

cc by certified mail to the following:

1. State of Florida (Department of Financial Services)
2. Board of County Commissioners for Alachua County
3. City of Gainesville

7010 1670 0000 1139 2763

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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**OFFICIAL USE**

Postage \$ 5.59

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \$5.59

Sent To: City of Gainesville Risk Mgmt  
City of Employers Mutual Inc  
 Street, Apt. No., or PO Box No. P.O. Box 490 Station 60  
 City, State, ZIP+4 Gainesville, FL 32602

Postmark Here: RODRICK THOMPSON

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
 City of Gainesville Risk Mgmt  
 c/o Employers Mutual, Inc  
 P.O. Box 490 Station 60  
 Gainesville, FL 32602

RE: Rodrick Thompson

2. Article Identification Number: 7010 1670 0000 1139 2763

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): [Signature]

C. Date of Delivery: 5/18/11

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7010 1670 0000 1139 2756

**U.S. Postal Service**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**DUPLICATE**

Postage \$ 5.59

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \$5.59

Sent To: Florida Dept of Ins.  
 Street, Apt. No., or PO Box No. P.O. Box 8020  
 City, State, ZIP+4 Tallahassee, FL 32318-8020

Postmark Here: RODRICK THOMPSON

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
 FL Dept of Ins.  
 Division of Risk Mgmt  
 Bureau of State Employees  
 P.O. Box 8020  
 Tallahassee, FL 32314-8020

RE: Rodrick Thompson

2. Article Identification Number: 7010 1670 0000 1139 2756

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  Agent  Addressee

B. Received by (Printed Name): R. SCOTT, MAIL CENTER SUPERVISOR

C. Date of Delivery: MAY 10 2011

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

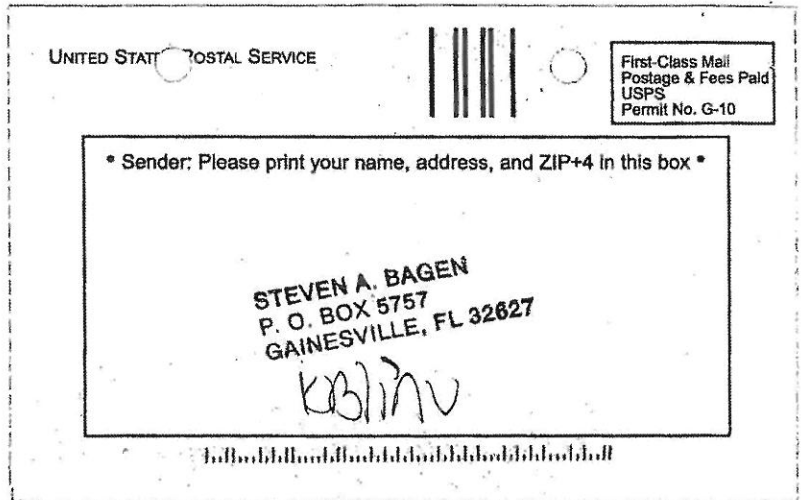
**Certified Mail Provides:**

- A receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

**Important Reminders:**

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

**IMPORTANT: Save this receipt and present it when making an inquiry.**  
PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047



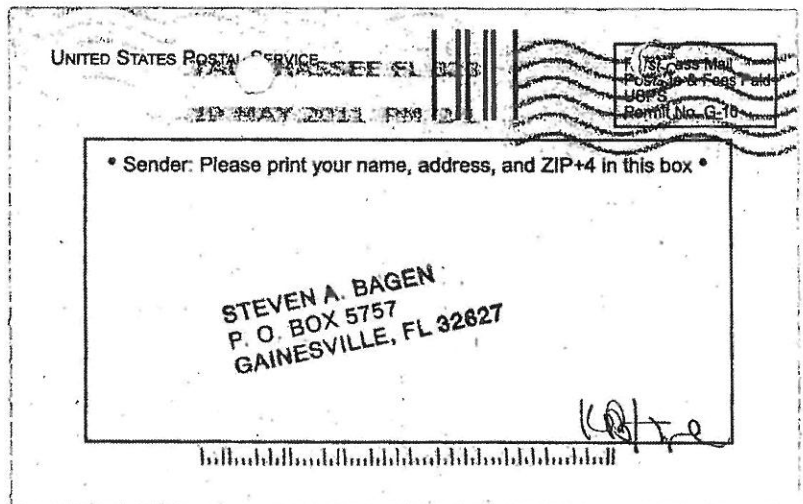
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**IMPORTANT: Save this receipt and present it when making an inquiry.**  
PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047



Accident Attorney

*Steven A. Bagen & Associates, P.A.*

Main Office - 6241 NW 23rd Street, Suite 300, Gainesville, Florida 32653  
Mail - P.O. Box 5757, Gainesville, Florida 32627  
Telephone (352) 377-9000/Fax (352) 373-9000

Steven A. Bagen, Esq.  
Melonie I. Dorsey, Esq.  
Michael L. Gibson, Esq.  
Richard Mellman, Esq.

FORMAL NOTIFICATION OF CLAIM PURSUANT TO F.S. 768.28

May 17, 2011

RE: Our Client : Deborah Thompson  
Municipality/County Agency involved: City of Gainesville  
Date of Accident : March 22, 2011  
Location of Accident : Gainesville, Florida

Dear Sirs:

Please accept this letter as formal notification pursuant to Florida Statute 768.28 that the above captioned client intends to institute a claim for personal injuries suffered as a result of the negligence of the above-captioned Municipality/State Agency.

Pursuant to F.S. 768.28(6)(c), the Claimant also provides the following information:

- 1) Date of Birth: 10/28/68
- 2) Place of Birth: Gainesville, Florida
- 3) Social Security Number: [REDACTED]
- 4) Prior adjudicated unpaid claims in excess of \$200.00 owed by the Claimant to the State of Florida, its agencies, officers, or subdivision: NONE

The substance of the claim of negligence, and the injuries suffered by the above captioned Claimant, is set forth as follows:

FACTS:

The claimant was a passenger in a vehicle that was stopped for at a traffic light when she was rear-ended by a City of Gainesville van.

INJURIES:

The claimant sustained injuries to her back and legs.

CONSORTIUM:

Rodrick Marvin Thompson as spouse.



FORMAL NOTIFICATION OF CLAIM PURSUANT TO F.S. 768.28  
RE: Deborah Thompson  
PAGE 2

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If there are any questions, or if any additional facts are needed, please do not hesitate to call my office at (352) 377-9000. My client can be made available to provide further information, if necessary.

Sincerely,

STEVEN A. BAGEN, ESQUIRE

SAB/kb

Enclosure: Accident Report

cc by certified mail to the following:

1. State of Florida (Department of Financial Services)
2. Board of County Commissioners for Alachua County
3. City of Gainesville

7003 2260 0004 8813 8639

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**OFFICIAL USE**  
 City of Gainesville Risk Mgmt

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.59

Postmark Here  
 MAY 17 2004  
 GAINESVILLE FL 32602

RE: Deborah Thompson

1. Article Addressed to:  
 City of Gainesville Risk Management  
 c/o Employers Mutual, Inc.  
 P.O. Box 490 Station 60  
 Gainesville, FL 32602

RE: Deborah Thompson

2. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

3. Restricted Delivery? (Extra Fee)  Yes

Street, Apt. No., or PO Box No. PO Box 490 Station 60  
 City, State, ZIP+4 Gainesville, FL 32602

PS Form 3800, June 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:  
 City of Gainesville Risk Management  
 c/o Employers Mutual, Inc.  
 P.O. Box 490 Station 60  
 Gainesville, FL 32602

RE: Deborah Thompson

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Agent  Addressee  
 UNRECORDED

C. Date of Delivery  
 5/18/04

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7003 2260 0004 8813 8639

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7010 1670 0000 1139 2732

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**OFFICIAL USE**  
 State of Florida Bureau of Risk Mgmt

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.59

Postmark Here  
 MAY 19 2004  
 TALLHASSEE FL 32305

RE: Deborah Thompson

1. Article Addressed to:  
 State of Florida  
 Division of Risk Mgmt  
 Bureau of State Employees  
 WC Claims  
 P.O. Box 8020  
 Tallahassee, FL

RE: Deborah Thompson

2. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

3. Restricted Delivery? (Extra Fee)  Yes

Street, Apt. No., or PO Box No. P.O. Box 8020  
 City, State, ZIP+4 Tallahassee, FL

PS Form 3800, August 2006 See Reverse for Instructions

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- Attach this card to the back of the mailpiece, or on the front if space permits.

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 State of Florida  
 Division of Risk Mgmt  
 Bureau of State Employees  
 WC Claims  
 P.O. Box 8020  
 Tallahassee, FL

RE: Deborah Thompson

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X DEPARTMENT OF FINANCIAL SERVICES  
 R. SCOTT MAH CENTER SUPERVISOR

B. Received by (Printed Name)  Agent  Addressee

C. Date of Delivery  
 MAY 19 2004

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7010 1670 0000 1139 2732

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

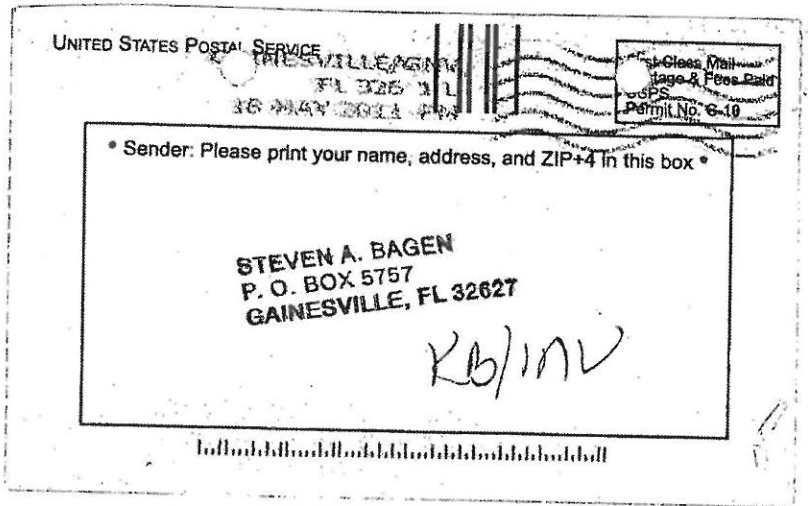
**Certified Mail Provides:**

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**IMPORTANT: Save this receipt and present it when making an inquiry.** Internet access to delivery information is not available on mail addressed to APOs and FPOs.



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- A unique identifier for your mailpiece
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**Important Reminders:**

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**IMPORTANT: Save this receipt and present it when making an inquiry.**

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

