

LEGISTAR NO.

160893

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

CASE NO.: 01-2017-CA-0582

LISA CUE,

Plaintiff,

vs.

CITY OF GAINESVILLE,

Defendant.

COMPLAINT

COMES NOW the Plaintiff, LISA CUE, by and through undersigned counsel, and sues the Defendant, CITY OF GAINESVILLE and alleges as follows:

1. This is an action for damages in excess of Fifteen Thousand Dollars (\$15,000.00), exclusive of costs and interest.
2. The Plaintiff, LISA CUE, has complied with Florida Statute §768.28(6)(a) by sending a letter, which was dated April 29, 2016, giving notice of Plaintiff's intent to file suit against the City of Gainesville for the accident which arose April 18, 2016. A copy of the Plaintiff's letter and a copy of the certified receipts are attached hereto as Exhibit "A".
3. The six-month waiting period required by statute has expired and all conditions precedent to the filing of this action has been met by Plaintiff.
4. On or about April 18, 2016, and at all times relevant to these proceedings, Plaintiff, LISA CUE, was and continues to be a resident of Alachua County, State of Florida.

5. On or about April 18, 2016, Defendant, CITY OF GAINESVILLE, was a Municipal Corporation.
6. On or about April 18, 2016, and at all times material to these proceedings, the Defendant owned and maintained the sidewalk located on NE 15th Street in Gainesville, Florida.
7. On or about April 18, 2016, the Plaintiff lawfully went onto the aforesaid property as an invitee.
8. On or about April 18, 2016, the Defendant had a duty to exercise reasonable care for the safety of invitees.
9. On or about April 18, 2016, the Plaintiff sustained injuries as a result of a trip and fall that occurred on a public walking area on Defendant's premises.
10. The Plaintiff's injuries directly and proximately resulted from the negligence of the Defendant, to wit:
 - a. The Defendant was negligent in controlling/maintaining its premises in that a public walking area was unsafe or that a dangerous condition existed on the premises;
 - b. The Defendant was negligent in controlling/maintaining its premises in that it failed to provide a safe sidewalk for invitees; and/or
 - c. The Defendant was negligent in controlling/maintaining its premises in that it failed to inspect, warn of, and/or correct an unsafe or dangerous condition; more particularly, said Defendant allowed a gap and/or uneven and/or unsafely deteriorated public walking area to exist at or near the location of plaintiff's fall.
11. The unsafe and/or dangerous condition of the aforesaid premises was known to the Defendant or had existed for a sufficient length of time so that the Defendant should have known of its presence on or before April 18, 2016.

12. As a direct and proximate result of the Defendant's negligence, the Plaintiff, LISA CUE, suffered 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 ability to earn money, and aggravation of a previously existing condition. The Plaintiff's losses are permanent and continuing and the Plaintiff will suffer losses into the future.

WHEREFORE, the Plaintiff, LISA CUE, demands judgment for damages together with costs against the Defendant, CITY OF GAINESVILLE, and further demands a trial by jury as to all issues so triable.

DATED this 16th day of February, 2017.

Respectfully submitted,

FINE, FARKASH & PARLAPIANO, P.A.
622 Northeast First Street
Gainesville, Florida 32601
Telephone: 352-376-6046
Facsimile: 877-272-9101

BY: _____

JACK J. FINE, ESQ.
Attorney for Plaintiff
Florida Bar Number: 223700
Primary Email: jfine@flplaw.com
Secondary Email: gdlyson@flplaw.com;
swright@flplaw.com

ATTORNEYS
FINE, FARKASH & PARLAPIANO, P.A.



JACK I. FINE
CHERIE H. FINE
A. DANIEL VAZQUEZ

OF COUNSEL
MARTHA ANN LOTT
THOMAS J. FARKASH
ALAN R. PARLAPIANO

622 NORTHEAST FIRST STREET
GAINESVILLE, FLORIDA 32601
TELEPHONE (352) 372-7777
TOLL FREE (800) 637-4545
FAX (352) 372-0049
www.ffplaw.com

April 29, 2016

Florida Department of Insurance
The Capitol
Tallahassee, Florida 32399-0300

Nicolle Shalley, Esq.
City Attorney
Post Office Box 490
Station 46
Gainesville, Florida 32627

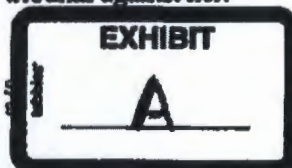
Division of Risk Management
City of Gainesville
Post Office Box 490
Station 60
Gainesville, Florida 32627

Mayor Ed Braddy
City of Gainesville
Post Office Box 490
Gainesville, Florida 32627

CERTIFIED MAIL - RETURN RECEIPT REQUESTED
NOTICE OF CLAIM

Please be advised of the claim of Lisa Cue for personal injuries suffered on April 18, 2016 from a fall on the sidewalk at the intersection of NE 31st Avenue and NE 15th Street in Gainesville, Alachua County, Florida where City of Gainesville workers were working on the sidewalk. Lisa Cue sustained injuries to her face, and suffered from a broken arm/forearm, and facial scarring. As a result of the broken arm, Ms. Cue had to undergo emergency surgery at Shands UF Health.

Lisa Cue's date of birth is July 13, 1963; her place of birth was Carroll, Iowa, Carroll County Iowa and her social security number is [REDACTED]. No penalties, fines, fees, funds or judgments in excess of \$200 in favor of the state or any agency, officer or subdivision of the state have been imposed by any court or tribunal against her.



Ocala
352-371-3031

Palatka
386-328-6510

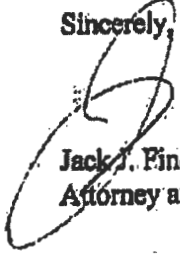
Sebring
888-200-5203

Lake City
386-755-3104

Gainesville
352-372-7777

Please treat this notice as compliance with Section 768.28(6) of the Florida Statutes and advise whether the claim is accepted or denied.

Sincerely,



Jack J. Fine, Esquire
Attorney at Law

JJE/gmj

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:

**DIVISION of Risk Management
 City of Gainesville
 PO BOX 490
 Station 60
 Gainesville, FL 32627**

2. Article Number

(Transfer from service label)

7014 1820 0000 2201 2956

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *Neil Sapp*
- B. Received by (Printed Name) Priority Mail Express®
Neil Sapp Return Receipt for Merchandise
- C. Date of Delivery Insured Mail Collect on Delivery
5/11/2014
- D. Is delivery address different from Registered Mail address? Yes No
 If YES, enter delivery address below:



3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

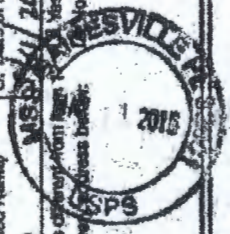
- Complete items 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**MAYOR ED BRADY
 CITY OF GAINESVILLE
 PO BOX 490
 GAINESVILLE FL 32627**

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *Neil Sapp*
- B. Received by (Printed Name) Priority Mail Express®
Neil Sapp Return Receipt for Merchandise
- C. Date of Delivery Insured Mail Collect on Delivery
MSB 5/11/2014
- D. Is delivery address different from Registered Mail address? Yes No
 If YES, enter delivery address below:



3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7014 1820 0000 2201 2932

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NICOLLE SHALLEY, ESQ.
 CITY ATTORNEY
 PO BOX 490, STATION 490
 GAINESVILLE, FL 32627

2. Article Number

(Transit for service label)

7014 1620 0000 2201 2925

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *Ned Long*
- B. Received by (Printed Name) Date of Delivery
 NED LONG 5/11/2011
- C. Date of Delivery 5/11/2011
- D. Is delivery address correct? Yes No
 If YES, enter delivery address: **GAINESVILLE, FL 32627**



- 3. Service Type
 Certified Mail® Priority Mail Express®
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- 1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 2. Print your name and address on the reverse so that we can return the card to you.
- 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Florida Department of
 The Capital Insurance
 Tallahassee, FL 32399-0300

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *[Signature]*
- B. Received by (Printed Name) Date of Delivery
 Received by: **Walter McCoy** Date of Delivery: **5/11/2011**
 DEPT OF FINANCIAL SERVICES
- C. Is delivery address correct? Yes No
 If YES, enter delivery address below: **1000 W. 11TH ST**

- 3. Service Type
 Certified Mail® Priority Mail Express®
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transit for service label)

7014 1620 0000 2201 2949

PS Form 3811, July 2013

Domestic Return Receipt