

LEGISTAR NO.

130756

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IN THE COUNTY COURT, IN THE
EIGHTH JUDICIAL CIRCUIT, IN AND
FOR ALACHUA COUNTY, FLORIDA
CASE NO.: 01 2014 CC 000427
DIVISION:

RECEIVED
FEB 20 2014
BY:

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
as Subrogee of KAREN A. DANIEL,
Plaintiff,

vs.

CITY OF GAINESVILLE,
a Municipal Corporation,
Defendant,

ATTEST:
SADIE DARNELL, SHERIFF
ALACHUA COUNTY, FLORIDA
Served at _____ of the _____ Day
of _____, 20____
BY: *[Signature]*
AS DEPUTY SHERIFF *[Signature]*

SUMMONS

THE STATE OF FLORIDA
To Each Sheriff of the State:

YOU ARE COMMANDED to serve this summons and a copy of the complaint or
petition in this action on defendant.

City Of Gainesville
c/o Ed Brady, Registered Agent
200 East University Ave.
Gainesville, FL 32601

Each defendant is required to serve written defenses to the complaint or petition on plaintiff's
attorney whose name and address is: Jeffrey R. Becker, Esquire, Hiday & Ricke, P.A., Post
Office Box 550858, Jacksonville, FL 32255 within 20 days after service of this summons on that
defendant, exclusive of the day of service, and to file the original of the defenses with the clerk of
this court either before service on plaintiff's attorney or immediately thereafter. If a defendant
fails to do so, a default will be entered against that defendant for the relief demanded in the
complaint or petition.

WITNESS my hand and the seal of said Court on February 12th, 2014.

J. K. IRBY,
CLERK OF THE CIRCUIT COURT
CIVIL DIVISION
201 E UNIVERSITY AVE
GAINESVILLE, FL 32601



J.K. "Buddy" Irby
Clerk of Circuit Court

By *[Signature: Christine McDWilson]*
Deputy Clerk

If you are a person with a disability who needs any accommodation in order to participate in this
proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the
Alachua County Court Administrator at (352) 374-3648, within 2 working days of your receipt of this
summons. If you are hearing or voice impaired, call 1-800-955-8771.



IN THE COUNTY COURT, IN THE
EIGHTH JUDICIAL CIRCUIT, IN AND
FOR ALACHUA COUNTY, FLORIDA
CASE NO.:
DIVISION:

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
as Subrogee of KAREN A. DANIEL,
Plaintiff,

vs.

CITY OF GAINESVILLE,
a Municipal Corporation,
Defendant,

_____/

STATEMENT OF CLAIM

Plaintiff, by and through its undersigned counsel sues Defendant and alleges:

1. This action is for damages that are less than or equal to \$5,000.00, exclusive of interest and costs.
2. At all times pertinent to this action, Plaintiff was authorized to and doing business in the State of Florida.
3. At all times pertinent to this cause Defendant City of Gainesville was a municipal corporation located in Alachua County, Florida.
4. At all times pertinent to this action Karen A. Daniel (hereinafter Subrogor), the owner of the vehicle that is the subject of this action, and the occupants of said vehicle, were covered by a policy of insurance issued by Plaintiff State Farm Mutual Automobile Insurance Company including automobile insurance coverage providing Comprehensive/Collision, pursuant to the terms and conditions thereof ("the "Policy").
5. On or about May 7, 2013, Defendant City of Gainesville owned a motor vehicle in the state of Florida.
6. On or about that date, the above-mentioned vehicle was operated by an employee of the Defendant City of Gainesville in Alachua County, Florida.
7. The employee of the City of Gainesville was operating the vehicle within the scope and ordinary course of his or her employment.
8. At that time and place, said employee, negligently operated or maintained the motor vehicle so that it collided with the motor vehicle owned by the Subrogor herein.

9. As a direct and proximate result of this negligence, the motor vehicle owned by the Subrogor was damaged and declined in value, and the use of said motor vehicle was lost while being repaired.

10. As a direct and proximate result of Defendant's negligence, and pursuant to the terms and conditions of the aforementioned policy of insurance, Plaintiff was forced to pay the sum of \$4,629.14 in Comprehensive/ Collision benefits for the property damage to the motor vehicle owned by the Subrogor.

11. As a result of Defendant City of Gainesville's negligence, Karen A. Daniel was required to pay the deductible under the terms of the above-described policy in the amount of \$1,000.00.

12. The Plaintiff has complied with Florida Statute 768.28(6) and has performed all conditions precedent required of it for bringing this action against the Defendant, City of Gainesville. Notice was timely made to the City of Gainesville. A copy of the compliance document is attached hereto and made a part hereof as Plaintiff's Exhibit "A."

13. As a result of the aforementioned payment and under the terms and conditions of said policy, Plaintiff has become subrogated to the rights of the above named Subrogor.

14. Plaintiff has performed all conditions precedent required of it for bringing this action against Defendant.

15. No facts exist that would constitute a setoff to this debt.

16. No facts exist that would constitute a counterclaim against Plaintiff.

WHEREFORE, Plaintiff demands judgment for damages against the Defendant in the sum of \$5,629.14 plus interest and court costs.

Hiday & Ricke, P.A.

By: /s/ Jeffrey R. Becker
Jeffrey R. Becker, Esquire
Post Office Box 550858
Jacksonville, FL 32255
(904) 363-2769 Fax: (904) 363-0538
Email: subrolitigation@hidayricke.com
Florida Bar No.: 0792977
File # 201302868



July 23, 2013

City Of Gainesville
222 E University Ave
Gainesville FL 32601-5456

State Farm Claims
P.O. Box 2371
Bloomington IL 61702-2371

Certified Mail - Return Receipt Requested

RE: Claim Number: 59-2P75-569
Our Insured: Karen A Daniel
Date of Loss: May 07, 2013
Your Insured: City Of Gainesville Police Department
Your Insured Driver: Matthew Sides
Loss Location: State Highway 93 & Interstate 75, Gainesville, FL

To Whom It May Concern:

Facts of Loss:

City of Gainesville PD vehicle rear ended our insured's vehicle while stopped at a stop light.

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm[®] paid by Cause of Loss:

| | |
|---------------------------------|------------|
| 041/045 - Uninsured Motorist BI | \$0 |
| 042 - Uninsured Motorist PD | \$0 |
| 300 series/400 - Comp/Collision | \$4348.13 |
| 501 - Rental/Loss of Use | \$281.01 |
| 600-050 - Med Pay/PIP | \$0 |
| Other | \$0 |
| Salvage Recovery | \$0 |
| Amount State Farm Paid | \$4,629.14 |
| Insured Deductible | \$1,000.00 |
| Total Claim Amount | \$5,629.14 |

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$5,629.14.

Please remit payment of this claim and include our claim number on the payment. If you have any questions or need additional information, please call me at the number listed below. If I am not available, any other member of my team may assist you. Thank you for your cooperation.

59-2P75-569
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July 23, 2013

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized nor permitted to: (1) use the customer information we provided for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Sincerely,

Natalia Ryan
Claim Representative
(877) 457-8276 Ext. 60
Fax: (866) 231-9276

State Farm Mutual Automobile Insurance Company

Enclosure