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.	,

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COMPLAINT

COMES NOW, BONEUR JEAN-PHILLIPE, by and through undersigned counsel, and hereby sues, Defendant, CITY OF GAINESVILE, 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

COHEN LAW

2030 S Dougl - Road Suite 201, Coral Gablas, Fl 3313

talaphone: 305.957 7550 Facsimile 305.957...550

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 negligenty 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 LIABILTY)

- 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 GAINSVILLE 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 collusion 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

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COHEN LAW

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DANIELLE A. COHEN

Fla. Bar No.: 27623



1511 NW 6TH STREET GAINESVILLE, FLORIDA 32601 P 352.240.7700 F 352.240,7701 farahandfarah.com

EXHIBIT "A"

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City of Gainesville Risk Management

P.O. Box 490

Station 60 Gainesville, FL 32602

RE:

Claimant(s):

Agency: Date of Incident: Our File Number: Boneur Phillippe City of Gainesville October 9, 2014

2014J02944

Dear Sir/Madam:

Pursuant to Florida Statute §768.28, the above-referenced claimant(s) hereby give notice of their intent to pursue a claim for damages against Florida Department of Financial Services. Our firm represents the above-referenced claimant(s) and any correspondence relating to this claim should be directed to our attention. The following is the specific information requested by the statute:

Claimant(s) Information:

Boneur Phillippe 205 SE 16th Avenue Gainesville, FL 32601 SSN: DOB: 04/05/1960

POB: Miami, Fl.

Date/Time/Place of Incident:

October 9, 2014 at 8:50 a.m. University Avenue and Main Street

Gainesville, FL 32601

Description of the Incident:

Claimant was rear-ended by a City of Gainesville vehicle being driven by City of

Gainesville employee Bob H. Poole.

Description of Injuries:

Head, neck, back, chest, right ankle

Agency/agents involved:

City of Gainesville

Relief sought:

Mr. Phillippe seeks compensation for pain and suffering, disability, disfigurement, permanent impairment, mental anguish, loss of capacity for enjoyment of life, loss of earnings, loss of ability to earn money, and expense of

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

/ia: U.S. Certifed 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 Mall/Return Receipt Requested Receipt Number

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete terms 1, 2, and 5: Also complete term 4 if Perinteted Dollvery is destrect. Print your name and address on the review so that we can return the card to you. Attach this card to the back of the molipone, or on the front if space permits. 1. Article Addressed to:	A. Egnatur X. Agent B. Pyrained by (Printed Name) C. Date of Dawer, 10 5 1 4 D. Is delivery address different from Item 17 Yes If YES, enter delivery address below:	
(n.11.7132627	3 Service Tyre Superifies Mai	
2. Article Number (Transfer from service label) 91 7199 9651 1033 8900 1095		
PS Form 3811, February 2004 Domestic Re	nturn Receipt 102595-02-M-1540	