

LEGISTAR NO.

160824

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

DEREK K. WILLIAMS,

Plaintiff,

vs

CITY OF GAINESVILLE,

Defendant.

CASE NO.: 01-2017-CA-0382

DIVISION: J

COMPLAINT

COMES NOW the Plaintiff, DEREK K. WILLIAMS, by and through his undersigned attorneys, and sues the Defendant, CITY OF GAINESVILLE, alleging as follows:

1. This is an action for damages in excess of Fifteen Thousand Dollars (\$15,000.00), exclusive of costs and interest.
2. At all times material hereto, Plaintiff, DEREK K. WILLIAMS, was a resident of Gainesville, Alachua County, Florida.
3. The Plaintiff, DEREK K. WILLIAMS, has complied with Florida Statue §768.28(6)(a) by sending a letter, which was dated March 17, 2015, giving notice of Plaintiff's intent to file suit against the City of Gainesville for the accident which arose on March 3, 2015. A copy of the Plaintiff's letter along with its certified return receipts are attached hereto as **Exhibit "A"**.
4. The six-month waiting period required by statute has expired and all conditions precedent to the filing of this action have been met by Plaintiff.
5. On or about March 3, 2015, Defendant, CITY OF GAINESVILLE, was a Municipal Corporation.

6. At all times relevant, WAYNE MATHEWS was an employee of Defendant, CITY OF GAINESVILLE, acting within the course and scope of his employment.

7. On or about March 3, 2015, WAYNE MATHEWS, with the permission of Defendant, CITY OF GAINESVILLE, and in the course and scope of his employment, operated a motor vehicle, to wit: a 2010 Gillig Transit Bus VIN 15GGD2710A1178315 owned by the Defendant, CITY OF GAINESVILLE, on SW 20th Avenue at or near the intersection with SW 34th Street in Gainesville, Alachua County, Florida.

8. At that time and place, WAYNE MATHEWS negligently operated the motor vehicle, to wit: the above described City Bus, so that it collided with the front of the vehicle Plaintiff, DEREK K. WILLIAMS, was driving.

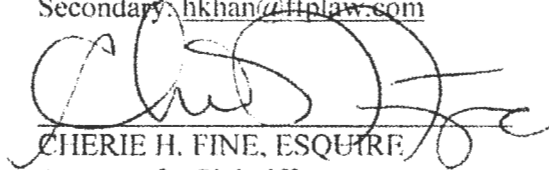
9. As a result of the negligence of the Defendant's employee, WAYNE MATHEWS, while operating a motor vehicle owned by Defendant, CITY OF GAINESVILLE, and in the course and scope of his employment, Plaintiff, DEREK K. WILLIAMS, suffered bodily injury and resulting pain and suffering, disability, disfigurement, mental anguish, loss of capacity for the enjoyment of life, expense of hospitalization, medical and nursing care and treatment, loss of earnings, loss of ability to earn money, and aggravation of a previously existing condition. The losses are either permanent or continuing and Plaintiff will suffer said losses in the future.

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

DATED this 1st day of February, 2017.

FINE, FARKASH & PARLAPIANO, P.A.
622 N.E. First Street
Gainesville, Florida 32601
(352) 372-7777
(352) 372-0049 (facsimile)
Primary: cfine@ffplaw.com
Secondary: hkhan@ffplaw.com

BY:


CHERIE H. FINE, ESQUIRE
Attorney for Plaintiff
Fla. Bar No. 0331317

ATTORNEYS
FINE, FARKASH & PARLAPIANO, P.A.



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622 NORTHEAST FIRST STREET
GAINESVILLE, FLORIDA 32601
TELEPHONE (352) 372-7777
TOLL FREE (800) 637-4545
FAX (352) 372-0048
www.ffplaw.com

March 17, 2015

VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Ed Braddy, Mayor and Chairman
Gainesville City Commission
P.O. Box 490 Station 19
Gainesville, FL 32627-0490

Russ Blackburn, City Manager
City of Gainesville
P.O. Box 490 Station 6
Gainesville, FL 32627-0490

Teresa Scott, P.E.
City of Gainesville – Public Works
P.O. Box 490 Station 58
Gainesville, FL 32627-0490

RE: My Client: Derek Williams
Date of Loss: March 3, 2015

To Whom It May Concern:

In accordance with the provision of Chapter 768 of the Florida Statutes, please be advised that my office has been retained by Derek Williams for personal injuries he sustained in an accident on March 3, 2015. This letter will serve as formal notice of Derek Williams' claim against the City of Gainesville for personal injuries suffered by Derek Williams as a result of a his vehicle being struck by a City of Gainesville bus at the intersection of S.W. 20th Avenue and S.W. 34th Street, in Gainesville, Florida.

I. LIABILITY

Our investigation reveals that the cause of the accident was bus driver, Wayne N. Mathews, making a wide right turn from S.W. 34th Street onto S.W. 20th Avenue. The bike rack attached to the front of the City of Gainesville bus struck Mr. Williams vehicle, causing Mr. Williams injuries.

Ocala
352-354-3031

Palatka
386-328-6519

St. Augustine
904-825-1247

Bronson
352-488-2006

Lake City
386-765-6104

Gainesville
352-372-7777

This letter will serve to provide written notice per Chapter 768 of the Florida Statutes of Derek Williams' claim. Mr. Williams is currently treating for his injuries. When Mr. Williams reaches Maximum Medical Improvement we will submit a demand for your review and response. As required by section 768.28(6) (c) the following personal information concerning Mr. Williams is provided:

Date of Birth:	October 12, 1983
Social Security No.:	██████████
Date of Accident:	March 3, 2015
Place of Birth:	Gainesville, Florida
Adjudicated Unpaid Claims in Excess of \$200:	Mr. Williams is unaware of prior adjudicated unpaid claims in excess of \$200.00.

Should there be any other party that must receive notice of this correspondence; I am herein requesting that you immediately notify the undersigned in writing stating the exact name, title and address of said party.

Yours truly,

Cherie H. Fine, Esquire

CHF/lh

FLORIDA TRAFFIC CRASH REPORT

HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐

NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

(Electronic Version)

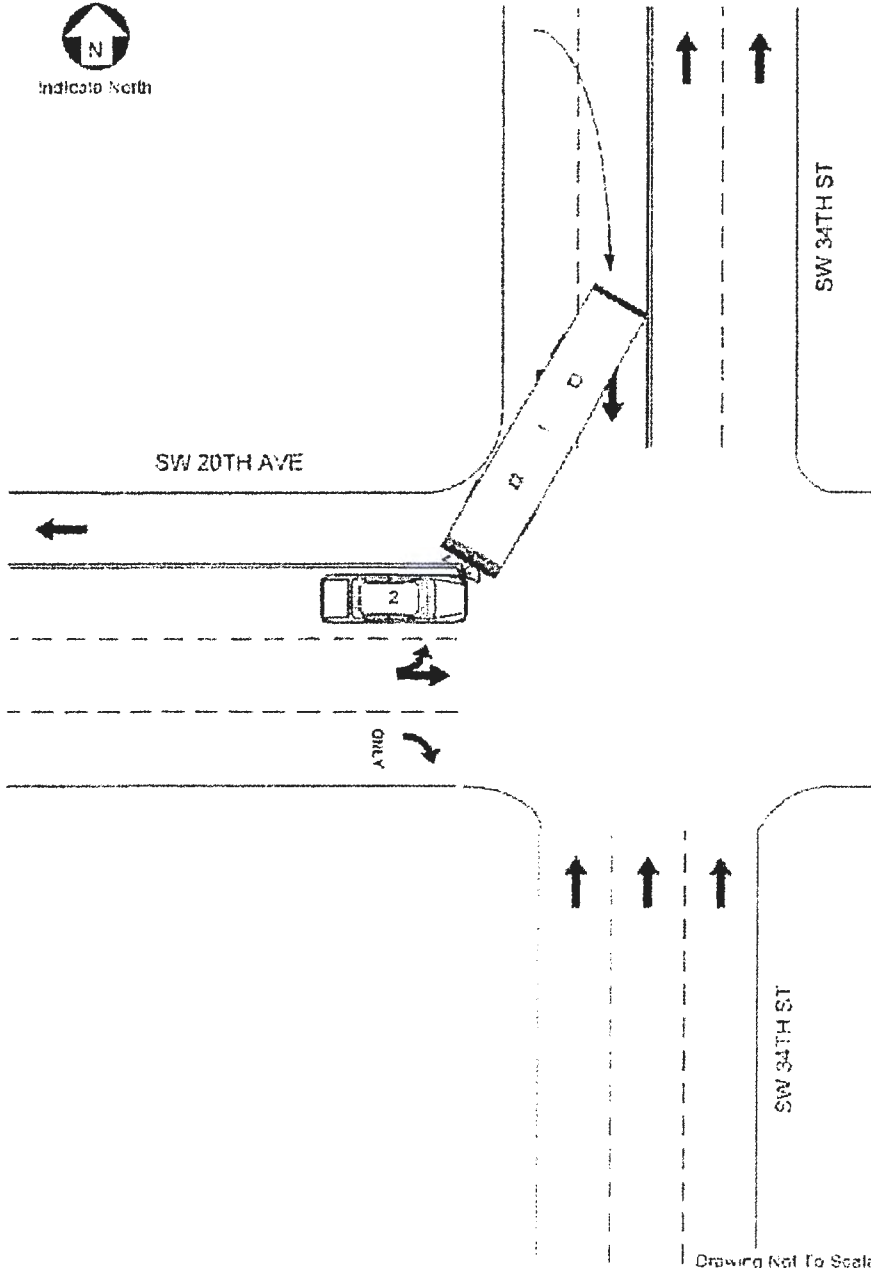
Crash Date MARCH 3, 2016		Time of Crash 04:11 PM		Date of Report MARCH 3, 2016		Reporting Agency Case Number 0218004316		HSMV Crash Report Number 86727474	
CRASH IDENTIFIERS									
County Code 11	City Code 34	County of Crash ALACHUA		Place or City of Crash GAINESVILLE		Within City Limits YES	Time Reported 04:11 PM	Time Dispatched 04:17 PM	
Time on Scene 04:24 PM	Time Cleared Scene 07:07 PM	Completed YES	Reason (If Investigation NOT Complete)				Notified By LAW ENFORCEMENT		
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)									
Crash Occurred On Street, Road, Highway SW 20TH AVE						At Street Address # 1		At Latitude And Longitude 2	
At Feet 6	Miles	Direction W	At / From Intersection With Street, Road, Highway SW 34TH ST				Or From Milepost # 2		
Road System Identifier 4 COUNTY		Type of Shoulder 3 CURB		Type of Intersection 2 FOUR-WAY INTERSECTION					
CRASH INFORMATION (CHECK IF PICTURES TAKEN)									
Light Condition 1 DAYLIGHT		Weather Condition 1 CLEAR		Roadway Surface Condition 1 DRY		School Bus Related 1 NO		Manner of Collision 4 SIDESWIPES, SAME DIRECTION	
First Harmful Event Type 2 COLLISION WITH NON-FIXED OBJECT		First Harmful Event 14 COLLISION WITH MOTOR VEH IN TRANSPORT		First Harmful Event Location 1 ON ROADWAY		Within Interchange 1 NO		First Harmful Event Relation to Junction 1 NON-JUNCTION	
Contributing Circumstances: Road 1 NONE			Contributing Circumstances: Road			Contributing Circumstances: Road			
Contributing Circumstances: Environment 1 NONE			Contributing Circumstances: Environment			Contributing Circumstances: Environment			
Work Zone Related 1 NO		Crash In Work Zone		Type of Work Zone		Workers in Work Zone		Law Enforcement in Work Zone	
VEHICLE									
Check If Commercial <input type="checkbox"/>									
Vehicle 01	Motor Vehicle Type 1 VEH IN TRANSPORT		Haz and Run 1 NO	Veh License Number XB8576		State FL	Reg. Expires	Permanent Reg. VIN 2 YES	VIN 1BGGD2710A1178316
Year 2010	Make GLG	Model TRANSIT	Style OTH	Color UNKN	Extent of Damage 2 FUNCTIONAL	Est. Damage \$100	Towed Due To Damage 1 NO	Vehicle Removed By	Notation
Insurance Company (Driver) SELF INS						Insurance Policy Number BXP3884004			
Name of Vehicle Owner (Business) <input checked="" type="checkbox"/>			Current Address 222 EAST UNIVERSITY AVE			City & State GAINESVILLE, FL		Zip Code 32602	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axis
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axis
Vehicle Traveling W		Direction SW 20TH AVE		On Street, Road, Highway			At Est. Speed 10	Posted Speed 35	Total Lanes 02
CMV Configuration		Cargo Body Type		Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)		18 Undercarriage 18		2 3 4 5 6 7	
Haz. Mat. Release		Haz. Mat. Placard		Number		19 Overturn 19		1 16 16 17 8	
Haz. Mat. Release		Haz. Mat. Placard		Number		20 Windshield 20		14 13 12 11 10 9	
Haz. Mat. Release		Haz. Mat. Placard		Number		21 Trailer 21		14 13 12 11 10 9	
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City & State				Zip Code	
Phone Number				Phone Number					
Comm/Non-Commercial		Vehicle Body Type 8 BUS (DRIVER + SEATS FOR 9-15)		Vehicle Defects (one) 1 NONE		Vehicle Defects (two)		Emergency Vehicle Use 1 NO	
Special Function of MV 14 INTERCITY BUS		Vehicle Maneuver Action 6 TURNING RIGHT		Trafficway 1 TWO-WAY, NOT DIVIDED		Roadway Grade 1 LEVEL		Roadway Alignment 1 STRAIGHT	
Most Harmful Event 2 COLLISION WITH NON-FIXED OBJECT		Most Harmful Event Detail 14 COLLISION WITH MOTOR VEH IN TRANSPORT		First (1) Sequence of Events 14 COLLISION WITH MOTOR VEH IN TRANSPORT		Second (2) Sequence of Events		Third (3) Sequence of Events	
Fourth (4) Sequence of Events		Traffic Control Device For This Vehicle 1 NO CONTROLS		First (1) Sequence of Events 14 COLLISION WITH MOTOR VEH IN TRANSPORT		Second (2) Sequence of Events		Third (3) Sequence of Events	
Fourth (4) Sequence of Events		Fourth (4) Sequence of Events		Fourth (4) Sequence of Events		Fourth (4) Sequence of Events		Fourth (4) Sequence of Events	

Crash Date MARCH 3, 2015		Time of Crash 04:11 PM		Date of L MARCH 3, 2015		Reporting Agency Case Number 0215004316		HSMV Crash Report Number 86727474	
VEHICLE Check if Commercial <input type="checkbox"/>									
Vehicle 02	Motor Vehicle Type 1 VEH IN TRANSPORT			Riz and Run 1 NO	Veh License Number L461GL	State FL	Reg. Expires OCTOBER 12, 2016	Permanent Reg 1 NO	VIN 2C3CCAC08CH303717
Year 2012	Make CHRY	Model 300	Style 4DR	Color SIL	Extent of Damage 2 FUNCTIONAL	Est. Damage \$500	Towed Due To Damage 1 NO	Vehicle Removed By D WILLIAMS	Rotation
Insurance Company (Driver) DIRECT GENERAL INSURANCE COMPANY						Insurance Policy Number FLAD146717091			
Name of Vehicle Owner (Business) DEREK K. WILLIAMS		Current Address 2625 SW 75TH ST 808				City & State GAINESVILLE, FL		Zip Code 32608	
Trailer One:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer Two:	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Vehicle Direction Traveling E		On Street, Road, Highway SW 20TH AVE					At Est. Speed 35	Posted Speed 35	Total Lanes 02
CMV Configuration		Cargo Body Type		Area of Initial Impact			Most Damaged Area		
Comm GVWR/GCWR		Trailer Type (Trailer One)		Trailer Type (Trailer Two)					
Haz. Mat. Release		Haz. Mat. Placard		Number		Class			
Motor Carrier Name				US DOT Number					
Motor Carrier Address				City & State				Zip Code	
Phone Number									
Comm/Non-Commercial		Vehicle Body Type 1 PASSENGER CAR		Vehicle Defects (one) 1 NONE		Vehicle Defects (two)		Emergency Vehicle Use 1 NO	
Special Function of MV 1 NO SPECIAL FUNCTION									
Vehicle Maneuver Action 13 STOPPED IN TRAFFIC		Trafficway 1 TWO-WAY, NOT DIVIDED		Roadway Grade 1 LEVEL		Roadway Alignment 1 STRAIGHT		Most Harmful Event 2 COLLISION WITH NON-FIXED OBJECT	
Most Harmful Event Detail 14 COLLISION WITH ROTOR VEH IN TRANSPORT									
Traffic Control Device For This Vehicle 5 TRAFFIC CONTROL SIGNAL		First (1) Sequence of Events 14 COLLISION WITH MOTOR VEH IN TRANSPORT		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events	
PERSON									
Person # 01	Description 1 DRIVER	Vehicle # 01	Name WAYNE N. MATHEWS			Date of Birth JANUARY 9, 1991		Sex 1 MALE	Phone Number (352) 552-1993
Address 1015 SW 42ND DR B			City & State GAINESVILLE, FL			Zip Code 32607			
Driver License Number B320804810080		State FL	Expires JANUARY 9, 2023	DL Type 5 E / OPERATOR		Reg. End. 3 NO ENDORSEMENT...		Injury Severity 1 NONE	Ejection 1 NOT EJECTED
Restraint Systems 3 SHOULDER AND LAP BELT USED		Air Bag Deployed 2 NOT DEPLOYED		Helmet Use 3 NO HELMET		Eye Protection 3 NOT APPLICABLE		Seating Location Seat 1 LEFT	Seating Location Row 1 FRONT
Seating Location Other 1 NOT APPLICABLE									
Drivers Actions at Time of Crash (First) 6 IMPROPER TURN			Drivers Actions at Time of Crash (Second)			Driver Distracted By 1 NOT DISTRACTED		Vision Obstruction 1 VISION NOT OBSCURED	
Drivers Actions at Time of Crash (Third)			Drivers Actions at Time of Crash (Fourth)			Drivers Condition at Time of Crash 1 APPARENTLY NORMAL			
Suspected Alcohol Use 1 NO		Alcohol Tested		Alcohol Test Type		Alcohol Test Result BAC		Suspected Drug Use 1 NO	
Drug Tested		Drug Test Type		Drug Test Result					
Source of Transport to Medical Facility 1 NOT TRANSPORTED			EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To	
PERSON									
Person # 02	Description 1 DRIVER	Vehicle # 02	Name DEREK K. WILLIAMS			Date of Birth OCTOBER 12, 1983		Sex 1 MALE	Phone Number (352) 628-7018
Address 2625 SW 75TH ST 808			City & State GAINESVILLE, FL			Zip Code 32608			
Driver License Number W482171833720		State FL	Expires OCTOBER 12, 2016	DL Type 5 E / OPERATOR		Reg. End. 3 NO ENDORSEMENT...		Injury Severity 1 NONE	Ejection 1 NOT EJECTED
Restraint Systems 3 SHOULDER AND LAP BELT USED		Air Bag Deployed 2 NOT DEPLOYED		Helmet Use 3 NO HELMET		Eye Protection 3 NOT APPLICABLE		Seating Location Seat 1 LEFT	Seating Location Row 1 FRONT
Seating Location Other 1 NOT APPLICABLE									
Drivers Actions at Time of Crash (First) 1 NO CONTRIBUTING ACTION			Drivers Actions at Time of Crash (Second)			Driver Distracted By 1 NOT DISTRACTED		Vision Obstruction 1 VISION NOT OBSCURED	
Drivers Actions at Time of Crash (Third)			Drivers Actions at Time of Crash (Fourth)			Drivers Condition at Time of Crash 1 APPARENTLY NORMAL			
Suspected Alcohol Use 1 NO		Alcohol Tested		Alcohol Test Type		Alcohol Test Result BAC		Suspected Drug Use 1 NO	
Drug Tested		Drug Test Type		Drug Test Result					
Source of Transport to Medical Facility 1 NOT TRANSPORTED			EMS Agency Name or ID			EMS Run Number		Medical Facility Transported To	

Crash Date MARCH 3, 2018	Time of Crash 04:11 PM	Date of R. MARCH 3, 2018	Reporting Agency Case Number 0216004316	HSMV Crash Report Number 88727474
VIOLATION:				
Person # 01	Name WAYNE N. MATHEWS	FL Statute Number 310.16(1)(A)	Charge REQUIRED POSITION MAKING RIGHT TURN AT INTERSECTION	Citation Number A2PQIVE
DESCRIPTION:				
<p>V1 was WB making a right turn off of SW 34th St onto SW 20th Ave.</p> <p>V2 was stopped in traffic at a red light facing east in the left turn lane on SW 20th Ave.</p> <p>V1 side swiped V2 while V1 made the right onto SW 20th Ave.</p> <p>V1's front right corner of the extended bike rack struck V2's front left corner of the bumper.</p> <p>Per D1, he thought he had enough room to make the right turn but was unable to avoid a collision.</p>				
REPORTING OFFICER:				
ID/Sadge Number 6106	Rank and Name POLICE SERVICE TECHNICIAN 1 J. KING	Department GAINESVILLE POLICE DEPARTMENT	Type of Department 2 PD	

Crash Date MARCH 3, 2015	Time of Crash 04:11 PM	Date of R. MARCH 3, 2015	Reporting Agency Case Number 0215004318	HSMV Crash Report Number 85727474
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DIAGRAM



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Ed Braddy, Mayor and Chairman Gainesville City Comm. P.O. Box 490 Station 19 Gainesville, FL 32627-0490</p>		<p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>3/23/15</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>2. Article Number (Transfer from service label) 7014 2870 0000 2459 4087</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Send To <i>Russ Blackburn, City Mgr. Gainesville</i> Street & Apt. No. or P.O. Box No. <i>Box 490 Station 6</i> City, State, ZIP+4 <i>Gainesville, FL 32627-0490</i> </p>	
PS Form 3860, July 2014 See Reverse for Instructions	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Send To <i>Ed Braddy, Mayor Gainesville</i> Street & Apt. No. or P.O. Box No. <i>P.O. Box 490 Station 19</i> City, State, ZIP+4 <i>Gainesville, FL 32627-0490</i> </p>	
PS Form 3860, July 2014 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Russ Blackburn, City Mgr. City of Gainesville P.O. Box 490 Station 6 Gainesville, FL 32627-0490</p>		<p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date of Delivery <i>3/23/15</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>2. Article Number (Transfer from service label) 7014 2870 0000 2459 4094</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery </p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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
Attn: Curtis Luster
Department of Risk Management
P.O. Box 490, Station 60
Gainesville, FL 32602

2. Article Number

(Transfer from service label)

7014 1820 0000 2220 2333

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Neil Japp

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Neil Japp

C. Date of Delivery

5/11/2016

D. Is delivery address different from item 1?

☐ Yes

☐ No

If YES, enter delivery address below

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent to

City of Gainesville Attn: Curtis Luster
Dept. of Risk Management P.O. Box 490
Station 60 Gainesville, FL 32602

PS Form 3800, July 2014

See Reverse for Instructions