

TAB 5

POINT PAPER

Miscellaneous Loss-Martinez-Motor Vehicle Accident-Guard Rail

Issue: The City must Sign-Off on the Progressive American Insurance Co. Property Damage Release.

Background: On 8/14/2009, I received PPD Report 09-17477 describing the guard rail damage that occurred on 7/28/2009. According to the report narrative "V1 was traveling east on 23rd St. W. V1 lost control of the vehicle and made contact with a guardrail on the north side of the road. V1 had driver side damage on it."

I have attached the report, photographs and the estimate for review. **See Exhibit "A"**

I contacted the insurance carrier listed on the report (MGA Insurance Company) to find the coverage had lapsed. I contacted the driver (Sylvia Martinez) who offered to pay restitution since she had no personal insurance coverage. We met for a meeting at my office and Sylvia was being accompanied by her mother (Olivia Resendiz). After she agreed to a restitution plan, her mother offered me an insurance identification card with Progressive American Insurance Co, and indicated that her daughter (Sylvia) was listed as a driver. I presented a claim to Progressive American Insurance Co. who agreed to accept liability and settle for the policy limit of \$10,000, if the COP would sign a release. **See Exhibit "B"**

The release has been reviewed by Mr. Barnebey who states in an email, "I think the settlement is fine based on the information provided....Can we put this on consent?"

Alternatives:

1. Do nothing.
2. Approve the Mayor to execute the release with Progressive American Insurance Co.

Recommendation: Staff recommends alternative #2

Budget Impact: The estimate from Superior Asphalt, Inc. to repair the guard-rail is \$10,375.

800 526-8016 MGA INS.

FLORIDA TRAFFIC CRASH REPORT

LONG FORM

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

RECEIVED MISG LOSS
46974-2008
MANAGEMENT DEPARTMENT
80190330
23RD ST W
8TH AVE W

Time & Location: DATE OF CRASH 7/28/9, TIME OF CRASH 9:08 AM, TIME OFFICER NOTIFIED 2:09 AM, TIME OFFICER ARRIVED 9:20 AM, COUNTY / CITY CODE 15 42, CITY OR TOWN Palmetto, AT NODE NO. 01905, FEET 1000, NO. OF LANES 2, FROM INTERSECTION OF 600, TO INTERSECTION OF 23RD ST W 8TH AVE W

DRIVER ACTION 3, YEAR 98, MAKE Ford, TYPE 04, USE 01, VEH. LICENSE NUMBER H275RR, STATE FL, VEHICLE IDENTIFICATION NUMBER 1FM4YU22XS WUD23072, TRAILER OR TOWED VEHICLE INFORMATION

VEHICLE TRAVELLING ON 23rd St W AT 900 BIK, Est. MPH 45, Posted Speed 35, EST VEHICLE DAMAGE 3,000, 1. Disabling, 2. Functional, 3. No Damage, SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) 14

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER MGA Insurance Company 01MGE10S108300, VEHICLE REMOVED BY: Sylvia Martinez, 1. Tow Rotation List, 3. Driver, 2. Tow Owner's Request, 4. Other 3

NAME OF VEHICLE OWNER (Check Box If Same As Driver) Jose Raul Silva-Guzman, CURRENT ADDRESS (Number and Street) 5535 36th Ct E Apt. 205, CITY AND STATE Ellenton FL, ZIP CODE 34221

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Sylvia Martinez, CURRENT ADDRESS (Number and Street) 7114 11th Ave E, CITY, STATE & ZIP CODE Palmetto FL, 34221, DATE OF BIRTH 1-27-87

DRIVER LICENSE NUMBER M635780875270, STATE FL, DL TYPE S, REQ. END. 2, ALC/DRUG TEST TYPE 5, RESULTS 1 Blood 3 Urine 5 None 2 Breath 4 Refused, ALC/DRUG 1, PHYS. DEF. 5, RES. 1, RACE 3, SEX 2, INJ. 1, S. EQUIP. 0, EJECT 2, WAS HAZARDOUS MATERIAL SPILLED? 2, RECOMMEND DRIVER RE-EXAM. 2, DRIVER'S PHONE NO. (941) 592-1241

DRIVER ACTION 3, YEAR 98, MAKE Ford, TYPE 04, USE 01, VEH. LICENSE NUMBER H275RR, STATE FL, VEHICLE IDENTIFICATION NUMBER 1FM4YU22XS WUD23072, TRAILER OR TOWED VEHICLE INFORMATION

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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER MGA Insurance Company 01MGE10S108300, VEHICLE REMOVED BY: Sylvia Martinez, 1. Tow Rotation List, 3. Driver, 2. Tow Owner's Request, 4. Other 3

NAME OF VEHICLE OWNER (Check Box If Same As Driver) Jose Rameez, CURRENT ADDRESS (Number and Street), CITY AND STATE, ZIP CODE

NAME OF OWNER (Trailer or Towed Vehicle) Jose Rameez, CURRENT ADDRESS (Number and Street), CITY AND STATE, ZIP CODE

NAME OF MOTOR CARRIER (Commercial Vehicle Only) Jose Rameez, CURRENT ADDRESS (Number and Street), CITY, STATE AND ZIP CODE, US DOT or ICC MC IDENTIFICATION NUMBERS

NAME OF DRIVER (Take From Driver License) / PEDESTRIAN Jose Rameez, CURRENT ADDRESS (Number and Street), CITY, STATE & ZIP CODE, DATE OF BIRTH

DRIVER LICENSE NUMBER, STATE, DL TYPE, REQ. END., ALC/DRUG TEST TYPE, RESULTS, ALC/DRUG, PHYS. DEF., RES., RACE, SEX, INJ., S. EQUIP., EJECT, WAS HAZARDOUS MATERIAL SPILLED?, RECOMMEND DRIVER RE-EXAM., DRIVER'S PHONE NO.

Code Information table with columns: VEHICLE TYPE, VEHICLE USE, TRAILER TYPE, RESIDENCE (Driver / Ped.), PHYSICAL DEFECTS, ALCOHOL / DRUG USE, LOCATION IN VEHICLE, INJURY SEVERITY, SAFETY EQUIPMENT IN USE, EJECTED.

EXHIBIT 'A'

DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2	3	4	5	6	7	18 Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)				
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE					15	16	17	8	14	13	12	11	10	9	
VEHICLE TRAVELLING	ON	AT	Est MPH	Posted Speed	EST VEHICLE DAMAGE	1 Disabling 2. Functional 3. No Damage	EST TRAILER DAMAGE												
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER	VEHICLE REMOVED BY:				1. Tow Rotation List	3. Driver								
NAME OF VEHICLE OWNER (Check Box If Same As Driver)	<input type="checkbox"/>	CURRENT ADDRESS (Number and Street)				CITY AND STATE				ZIP CODE									
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)				CITY AND STATE				ZIP CODE									
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)				CITY, STATE AND ZIP CODE				US DOT or ICC MC IDENTIFICATION NUMBERS									
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)				CITY, STATE & ZIP CODE				DATE OF BIRTH									
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT						
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.											

#1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
	Guardrail	\$2,000	Manatee County				
#2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
		\$					

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN				VEHICLE DEFECT				VEHICLE MOVEMENT				VEHICLE SPECIAL FUNCTIONS																																				
01 No Improper Driving / Action	02 Careless Driving (Explain In Narrative)	03 Failed To Yield Right - of - Way	04 Improper Backing	05 Improper Lane Change	06 Improper Turn	07 Alcohol - Under Influence	08 Drugs - Under Influence	09 Alcohol & Drugs - Under Influence	10 Followed Too Closely	11 Disregarded Traffic Signal	12 Exceeded Safe Speed Limit	13 Disregarded Stop Sign	14 Failed To Maintain Equip. / Vehicle	15 Improper Passing	16 Drove Left of Center	17 Exceeded Stated Speed Limit	18 Obstructing Traffic	19 Improper Load	20 Disregarded Other Traffic Control	21 Driving Wrong Side / Way	22 Flaeing Police	23 Vehicle Modified	24 Driver Distraction (Explain In Narrative)	27 All Other (Explain In Narrative)																								
01 No Defects	02 Def. Brakes	03 Worn / Smooth Tires	04 Defective / Improper Lights	05 Puncture / Blowout	06 Steering Mech.	07 Windshield Wipers	08 Equipment / Vehicle Defect	77 All Other (Explain In Narrative)	01 Straight Ahead	02 Slowing / Stopped / Stalled	03 Making Left Turn	04 Backing	05 Making Right Turn	06 Changing Lanes	07 Entering / Leaving / Parking Space	08 Properly Parked	09 Improperly Parked	10 Making U-Turn	11 Passing	12 Driverless or Runaway Vehicle	77 All Other (Explain In Narrative)	1 None	2 Farm	3 Police Pursuit	4 Recreational	5 Emergency Operation	6 Construction / Maintenance																					
01 None	02 Nearby	03 Entered	01 On Road	02 Not On Road	03 Shoulder	04 Median	05 Turn Lane	01 None	02 Crossing Not at Intersection	03 Crossing at Mid-block Crosswalk	04 Crossing at Intersection	05 Walking Along Road With Traffic	06 Walking Along Road Against Traffic	07 Working In Road	08 Standing/Playing In Road	09 Standing In Pedestrian Island	77 All Other (Explain In Narrative)	78 Unknown	01 Clear	02 Cloudy	03 Rain	04 Fog	77 All Other (Explain In Narrative)	01 Slag/Gravel/Stone	02 Blacktop	03 Brick/Block	04 Concrete	05 Dirt	77 All Other (Explain In Narrative)																			
01 No Defects	02 Obstruction With Warning	03 Obstruction Without Warning	04 Road Under Repair / Construction	05 Loose Surface Materials	06 Shoulders - Soft / Low / High	07 Holes / Ruts / Unsafe Paved Edge	08 Standing Water	09 Worn / Polished Road Surface	77 All Other (Explain In Narrative)	01 Vision Not Obscured	02 Inclement Weather	03 Parked / Stopped Vehicle	04 Trees / Crops / Bushes	05 Load On Vehicle	06 Building / Fixed Object	07 Signs / Billboards	08 Fog	09 Smoke	77 All Other (Explain In Narrative)	10 Glare	01 No Control	02 Special Speed Zone	03 Speed Control Sign	04 School Zone	05 Traffic Signal	06 Stop Sign	07 Yield Sign	08 Flashing Light	09 Railroad Signal	10 Officer / Guard / Flagperson	01 Not At Intersection / RR X-ing / Bridge	02 At Intersection	03 Influenced By Intersection	04 Driveway Access	05 Railroad	06 Bridge	07 Entrance Ramp	08 Exit Ramp	09 Parking Lot - Public	10 Parking Lot - Private	11 Private Property	12 Toll Booth	13 Public Bus Stop Zone	77 All Other (Explain In Narrative)	01 Straight - Level	02 Straight - Upgrade / Downgrade	03 Curve - Level	04 Curve - Upgrade / Downgrade

ROAD SYSTEM IDENTIFIER	01 Interstate	02 U.S.	03 State	04 County	05 Local	06 Turnpike / Toll	07 Forest Road	08 Private Roadway	77 All Other (Explain In Narrative)	01 Daylight	02 Dusk	03 Dawn	04 Dark (Street Light)	05 Dark (No Street Light)	88 Unknown																																		
ROAD SURFACE CONDITION	01 Dry	02 Wet	03 Slippery	04 Icy	77 All Other (Explain In Narrative)	01 Clear	02 Cloudy	03 Rain	04 Fog	77 All Other (Explain In Narrative)	01 Slag/Gravel/Stone	02 Blacktop	03 Brick/Block	04 Concrete	05 Dirt	77 All Other (Explain In Narrative)																																	
ROAD CONDITIONS AT TIME OF CRASH	01 No Defects	02 Obstruction With Warning	03 Obstruction Without Warning	04 Road Under Repair / Construction	05 Loose Surface Materials	06 Shoulders - Soft / Low / High	07 Holes / Ruts / Unsafe Paved Edge	08 Standing Water	09 Worn / Polished Road Surface	77 All Other (Explain In Narrative)	01 Vision Not Obscured	02 Inclement Weather	03 Parked / Stopped Vehicle	04 Trees / Crops / Bushes	05 Load On Vehicle	06 Building / Fixed Object	07 Signs / Billboards	08 Fog	09 Smoke	77 All Other (Explain In Narrative)	10 Glare	01 No Control	02 Special Speed Zone	03 Speed Control Sign	04 School Zone	05 Traffic Signal	06 Stop Sign	07 Yield Sign	08 Flashing Light	09 Railroad Signal	10 Officer / Guard / Flagperson	01 Not At Intersection / RR X-ing / Bridge	02 At Intersection	03 Influenced By Intersection	04 Driveway Access	05 Railroad	06 Bridge	07 Entrance Ramp	08 Exit Ramp	09 Parking Lot - Public	10 Parking Lot - Private	11 Private Property	12 Toll Booth	13 Public Bus Stop Zone	77 All Other (Explain In Narrative)	01 Straight - Level	02 Straight - Upgrade / Downgrade	03 Curve - Level	04 Curve - Upgrade / Downgrade

VIOLATOR(S)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	01	Sylvia Martinez	316.1925(1)	Careless Driving	2560-FRQ
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT NARRATIVE/DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 7 28 09	COUNTY / CITY CODE 15 42	INVEST AGENCY REPORT NUMBER 09-17477	HSMV CRASH REPORT NUMBER 90190330
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(NARRATIVE)
Veh 1 was traveling east on 23rd st West. Veh 1 lost control of the Veh and made contact with a guardrail on the north side of the road. Veh 1 had driver side damage on it.

UNIDENTIFIED

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
01	1	Josue Garcia	7114 11th Ave E	Palmetto FL	34221		3	1	3	1	2	1
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

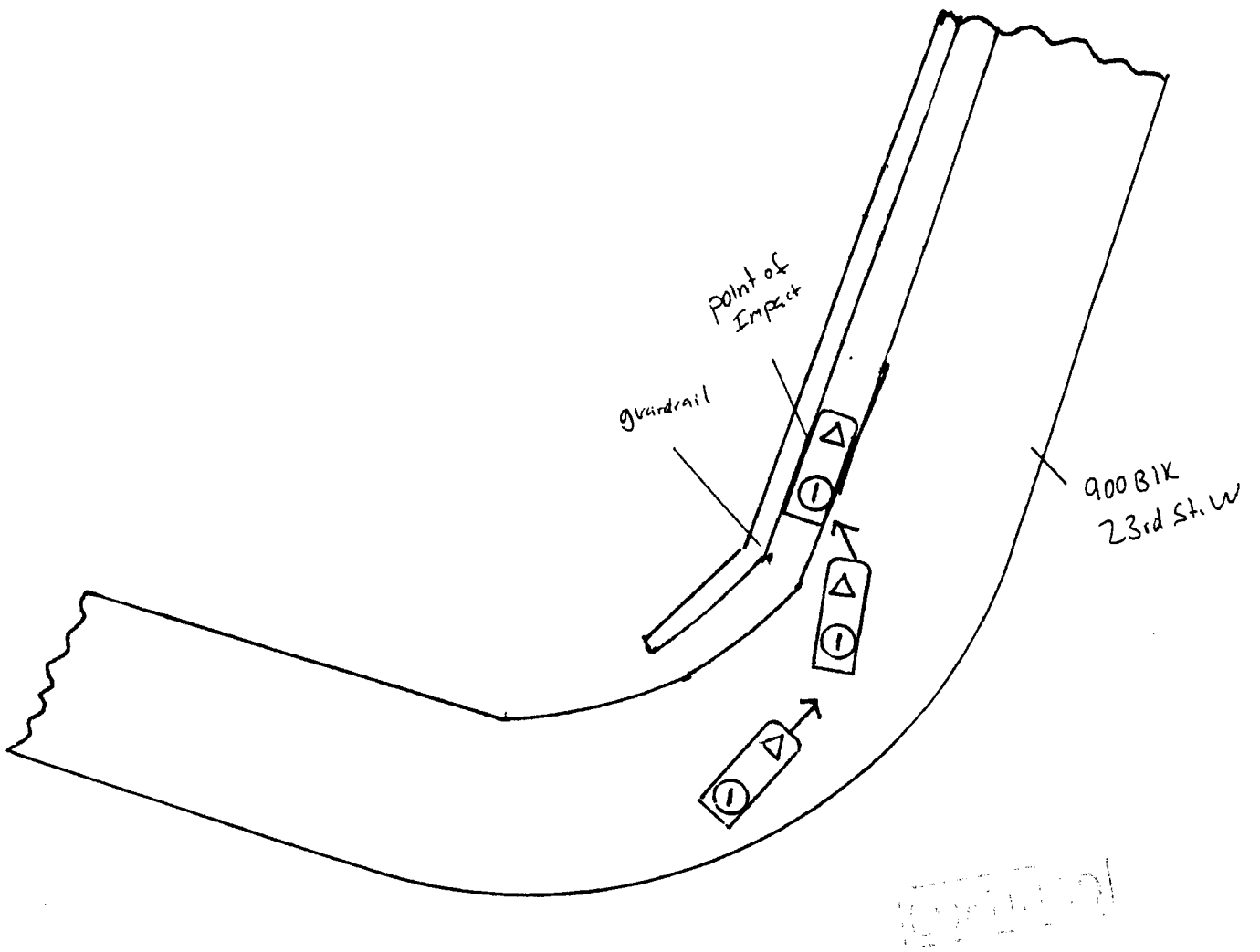
WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
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FIRST AID GIVEN BY - NAME	1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other	INJURED TAKEN TO:	BY - NAME
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WAS INVESTIGATION MADE AT SCENE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 7 28 09	PHOTOS TAKEN 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/>	IF YES, BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER
INVESTIGATOR - RANK & SIGNATURE <i>Officer Schroeder</i>	ID/BADGE NUMBER 1466	DEPARTMENT Palmetto	FHP <input type="checkbox"/>	SO <input type="checkbox"/>	PO <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>



INDICATE NORTH
WITH ARROW





2320 ST. W. + 8th Av. W.

MGA INS. CO.
CL# FL 248217 - HUMBERTO MARTIN - ADJUSTER

HUMBERTO.MARTIN@
GAINSCO.COM

X 8093
800-526-8016

