

**MAYOR**  
Richard J. Kaplan, Esq.

**VICE MAYOR**  
M. Margaret Bates

**COMMISSIONERS**  
Hayward J. Benson, Jr., Ed.D.  
Howard Berger  
Ken Thurston

# CITY OF LAUDERHILL



**ADMINISTRATION**  
Charles Faranda, CM  
Desorae Giles-Smith, DCM  
Kennie Hobbs, Jr., ACM

**CITY ATTORNEY**  
Earl Hall, Esq.

**CITY CLERK**  
Andrea Anderson

## PUBLIC WORKS

Date: February 13, 2017

To: Chuck Faranda, City Manager

CC: Kennie Hobbs, Assistant City Manager

From: Charles Cuyler, Public Works Director

Reference: Resolution #15R-11-247  
Coreland Construction Corp.

The Public Works department is pursuing City Manager approval to amend the existing contract with Coreland Construction. The contract was awarded to Coreland Construction Corp. as it pertains to reconstructing concrete sidewalks, concrete pads, curbs, asphalt and speed humps at various locations city wide. The existing amount of the contract was awarded by Commission in the amount of \$240,990.00.

Unfortunately, there were extensive areas requiring immediate repair after further investigation which would increase the contracted amount. In addition, the department has received an increase of trip and fall claims citywide over a five (5) month time period. It was imperative that the department proceed with repairs in order to reduce the liability to the City of Lauderhill. Please see attached back up as reference.

With your approval, the department is requesting the City Commission to amend the existing contract and add additional funds to cover the following:

Fiscal Year	Sidewalk repair	Speed Humps	Comments	
2016	\$200,000.00	\$40,000.00	Completed, Prior PO #20938	Approved Resolution 15R-11-247
2017	\$200,000.00	\$40,000.00	balance remaining on existing PO # 21319	Awaiting commission approval
2018	\$200,000.00	\$40,000.00		Awaiting commission approval
<b>Sub-Total</b>	<b>\$600,000.00</b>	<b>\$120,000.00</b>		
<b>Total</b>				<b>\$720,000.00</b>

Respectfully,

Charles Cuyler



THOMAS & PEARL, P.A.  
2404 N.E. 9th Street  
Fort Lauderdale, FL 33304  
(954) 563-9225 - Broward  
(561) 832-0223 - Palm Beach  
(561) 276-8181 - Boca/Delray

**SOVEREIGN IMMUNITY NOTICE LETTER**

Mayor Richard J. Kaplan  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

DATE: 1/12/2017

Please be advised that this office has been retained to represent the below named claimant. Pursuant to F.S.768.28(6)(a), you are put on notice as the claim against your agency by the claimant.

Name of Claimant: VIRGINIA MONROE

Date of Accident: 11/26/2016

Description of Incident and Location: MS. MONROE WAS WALKING ON NW 21<sup>ST</sup> STREET OUTSIDE OF WOOD HUE CONDOS AT APPROXIMATELY 5:30 P.M. WHEN SHE TRIPPED AND FELL ON A RAISED AND UNEVEN CONCRETE LIP OF THE SIDEWALK

Description of Injuries: RIGHT KNEE AND BACK

SEE FURTHER DESCRIPTION ADDENDUM

(Check if applicable) \_\_\_\_\_ Incident Details Attached  
\_\_\_\_\_ Accident Report Attached  
\_\_\_\_\_ Medical Records Attached  
 Photographs attached

Pursuant to F.S. 768.28(C), the claimant provides the following:

Date of Birth: 7/22/1962

Place of Birth: MIAMI, FLORIDA

Social Security Number or Federal I.D. #: 262-47-3548

(Choose One)

The claimant does not owe any adjudicated unpaid penalties, fines, fees, victim restitution fund or other judgments in excess of \$200 to the State, its agency, officer or subdivision.

\_\_\_\_\_ The claimant does owe adjudicated unpaid penalties, fines, fees, victim restitution fund or other judgments in excess of \$200 to the State, its agency, officer or subdivision.

- a. Nature and amount of monies owed:
- b. Case Style and Tribunal:

Please accept this letter as notification of our attorney's fee lien on any and all proceeds recovered in this matter.

Very truly yours,

  
Brian S. Pearl, Esquire

cc:

Florida Dept. of Financial Services  
City of Lauderhill Risk Management

THOMAS & PEARL, P.A.  
2404 N.E. 9th Street  
Fort Lauderdale, FL 33304  
(954) 563-9225 - Broward  
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Brian S. Pearl, Esquire

cc:

Florida Dept. of Financial Services  
Mayor Richard J. Kaplan

THOMAS & PEARL, P.A.  
2404 N.E. 9th Street  
Fort Lauderdale, FL 33304  
(954) 563-9225 - Broward  
(561) 832-0223 - Palm Beach  
(561) 276-8181 - Boca/Delray

**SOVEREIGN IMMUNITY NOTICE LETTER**

Florida Dept. of Financial Services  
200 East Gaines St.  
Tallahassee, FL 32399

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RETURN RECEIPT REQUESTED

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- b. Case Style and Tribunal:

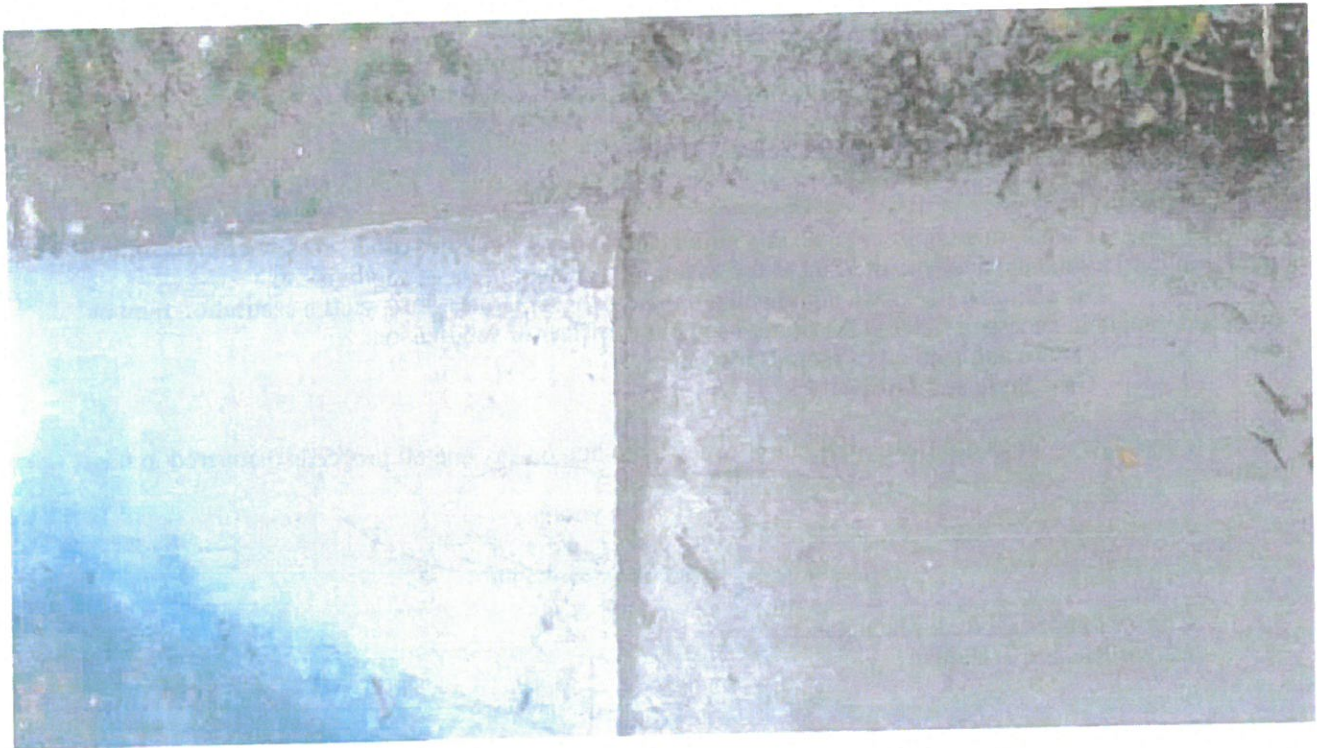
Please accept this letter as notification of our attorney's fee lien on any and all proceeds recovered in this matter.

Very truly yours,

  
Brian S. Pearl, Esquire

cc:

City of Lauderhill Risk Management  
Mayor Richard J. Kaplan





# BERNHEIM & DOLINSKY ATTORNEYS AT LAW

Broward Office:  
8151 Peters Road  
Suite 3200  
Plantation, FL 33324  
WhereJusticeIsServed.com

Broward : 954-894-5900  
Fax : 954-962-4224  
Miami-Dade : 305-392-3997  
Palm Beach : 561-347-9090  
Collier : 239-334-8808  
Orange : 407-322-8711

February 16, 2015

**VIA CERTIFIED MAIL/RRR**  
Habitat II Condominium Associates  
**Attention: Risk Management**  
5851 Northwest 21st Street  
Lauderhill, FL 33313

RE: Claimant: Glenn Thomas

Date of Accident: January 17, 2015  
Type of Claim: Trip and Fall  
Accident Location: Lauderdale, FL  
Date of Birth: 06/14/1993  
Place of Birth: Fort Lauderdale, FL  
Adjudicated Penalties: None (Fines, Fees, Victim Restitution Fund and other Judgments in excess of \$200.00 owed by the Claimant to the State, its agency, officers or sub-divisions)


Dear Sir/Madam:

Please be advised that the undersigned represents Mr. Glenn Thomas for serious injuries he sustained when he tripped and fell due to uneven pavement on the sidewalk. The incident occurred on January 17, 2015 on the sidewalk located in front of 5851 Northwest 21st Street, Broward County, Florida.

We feel that the City of Lauderdale was negligent with the maintenance at the aforementioned location. This letter is notice pursuant to the requirements of F.S. 768.28. We feel that the City of Lauderdale has tort responsibility in the above-captioned accident. Therefore, we are hereby making a claim against City of Lauderdale for payment of all damages sustained by our client.

If the City of Lauderdale feels it does not have tort responsibility in the above-captioned incident, please advise the undersigned immediately in the form of a denial. Otherwise, we will expect the City of Lauderdale to promptly begin good faith negotiations for the fair settlement of this claim.

Thank you.

Very truly yours,  
  
TIFFANY R. EISENBERG, ESQ.  
TRE/nf

cc: **VIA CERTIFIED MAIL/RRR**  
Mr. Richard J. Kaplan  
City of Lauderdale Mayor  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313

**VIA CERTIFIED MAIL/RRR**  
W. Earl Hall, Esq  
City of Lauderdale Attorney  
8850 W. Oakland Park Blvd.  
Suite 101  
Sunrise, FL 33351

05/16/2015 10:46

## Charlie Cuyler

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**From:** Anthony T. Grande <Anthony.Grande@ascrisk.com>  
**Sent:** Monday, June 22, 2015 11:12 AM  
**To:** Charlie Cuyler  
**Subject:** Trip and Fall Claim for Glenn Thomas, 1/17/15, C9161520694  
**Attachments:** Glenn Thomas.pdf

Hi Charlie.

We have the attached claim and attorney letter. Please let me know if you can determine if the sidewalk nearest to 5851 NW 21st Street is located in the Habitat Condo Association's property or if the sidewalk is owned and maintained by the city. If it is owned and maintained by the city please let me know if the city was aware of any hazard leading up to the fall on 1/17/15.

Thank you.

Tony

Habitat II Condominium Associates  
5851 NW 21st St Lauderhill FL 33313  
(954) 485-4497

**APPLICABLE IN KANSAS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN MARYLAND**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**APPLICABLE IN MINNESOTA**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN NEVADA**

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

**APPLICABLE IN NEW HAMPSHIRE**

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**APPLICABLE IN OHIO**

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**APPLICABLE IN OKLAHOMA**

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN WASHINGTON**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**APPLICABLE IN ALABAMA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**APPLICABLE IN ALASKA**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**APPLICABLE IN ARIZONA**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY,  
NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA,  
TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

**APPLICABLE IN CALIFORNIA**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**APPLICABLE IN COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**APPLICABLE IN THE DISTRICT OF COLUMBIA**

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORIDA**

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

**APPLICABLE IN HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**APPLICABLE IN IDAHO**

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN INDIANA**

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**INJURED / PROPERTY DAMAGED**

AGENCY CUSTOMER ID: \_\_\_\_\_

NAME & ADDRESS (Injured/Owner) Richard Harvey 167 SW 7 Ter., #2, Deerfield Beach, FL 33441			EMPLOYER'S NAME & ADDRESS		
PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 954-735-2368	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 561-222-7225-	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
PRIMARY E-MAIL ADDRESS:			PRIMARY E-MAIL ADDRESS:		
SECONDARY E-MAIL ADDRESS:			SECONDARY E-MAIL ADDRESS:		
AGE	SEX	OCCUPATION	DESCRIBE INJURY		
	M		WHAT WAS INJURED DOING?		
WHERE TAKEN			ESTIMATE AMOUNT		
DESCRIBE PROPERTY (Type, model, etc.) Injury to the right foot.			WHERE CAN PROPERTY BE SEEN?		

**WITNESSES**

NAME AND ADDRESS	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	PRIMARY E-MAIL ADDRESS:	
NAME AND ADDRESS	SECONDARY E-MAIL ADDRESS:	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:
NAME AND ADDRESS	PRIMARY E-MAIL ADDRESS:	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	SECONDARY E-MAIL ADDRESS:	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REPORTED BY	REPORTED TO Ashleycu
-------------	-------------------------



# GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)  
04/14/2015

AGENCY	INSURED LOCATION CODE	DATE OF LOSS AND TIME	AM
		01/21/2015	20:00
	CARRIER	NAIC CODE	
	ASC		
CONTACT NAME:		POLICY NUMBER	
PHONE (A/C, No, Ext):		Unknown	
FAX (A/C, No):			
E-MAIL ADDRESS:			
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:			

<b>INSURED</b>		INSURED'S MAILING ADDRESS
NAME OF INSURED (First, Middle, Last) City of Lauderdale, Location 315		5581 W Oakland Blvd, Lauderdale, FL 33313
DATE OF BIRTH	FEIN (if applicable)	
PRIMARY PHONE #	SECONDARY PHONE #	PRIMARY E-MAIL ADDRESS:
<input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	Unknown
		SECONDARY E-MAIL ADDRESS:

<b>CONTACT</b> <input checked="" type="checkbox"/> CONTACT INSURED		CONTACT'S MAILING ADDRESS
NAME OF CONTACT (First, Middle, Last)		
PRIMARY PHONE #	SECONDARY PHONE #	PRIMARY E-MAIL ADDRESS:
<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
WHEN TO CONTACT		SECONDARY E-MAIL ADDRESS:

<b>OCCURRENCE</b>		POLICE OR FIRE DEPARTMENT CONTACTED
LOCATION OF OCCURRENCE		
STREET: 3440 NW 8th Street		REPORT NUMBER
CITY, STATE, ZIP: Lauderdale, FL 33311		
COUNTRY:		
DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS:		
DESCRIPTION OF OCCURRENCE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
CLMT was walking on sidewalk when he tripped on uneven sidewalk and fell, resulting in injury to the right foot.		

<b>TYPE OF LIABILITY</b>		TYPE OF PREMISES	
PREMISES: INSURED IS	OWNER	MANUFACTURER	TENANT
OWNER'S NAME & ADDRESS (If not insured)		PRIMARY PHONE #	SECONDARY PHONE #
		<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
		PRIMARY E-MAIL ADDRESS:	
		SECONDARY E-MAIL ADDRESS:	
PRODUCTS: INSURED IS	MANUFACTURER	TYPE OF PRODUCT	
MANUFACTURER'S NAME & ADDRESS (If not insured)		PRIMARY PHONE #	SECONDARY PHONE #
		<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
		PRIMARY E-MAIL ADDRESS:	
		SECONDARY E-MAIL ADDRESS:	

WHERE CAN PRODUCT BE SEEN?  
ACORD 3 (2013/01)

PATIENT NO:	69735148	PLANTATION GENERAL HOSP	BILLING DATE	PAGE	2	00056
MED REC NO:	810161	401 NW 42ND AVENUE	01/26/15			
GUARANTOR NO:						
PATIENT:		PLANTATION	FL 333172835	ADMITTED		DISCHARGED
HARVEY RICHARD				01/22/15		01/22/15

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0712	PHARMACY	8.00
0728	XRAY	1,034.00
0780	EMERGENCY ROOM	1,745.00
TOTAL CHARGES:		2,787.00
TOTAL PAYMENTS:		.00
TOTAL ADJUST:		.00

PATIENT NO: 69735148 PLANTATION GENERAL HOSP BILLING DATE PAGE 1 00056  
 MED REC NO: 810161 401 NW 42ND AVENUE 01/26/15  
 GUARANTOR NO:  
 PATIENT: PLANTATION FL 333172835 ADMITTED DISCHARGED  
 HARVEY RICHARD 01/22/15 01/22/15

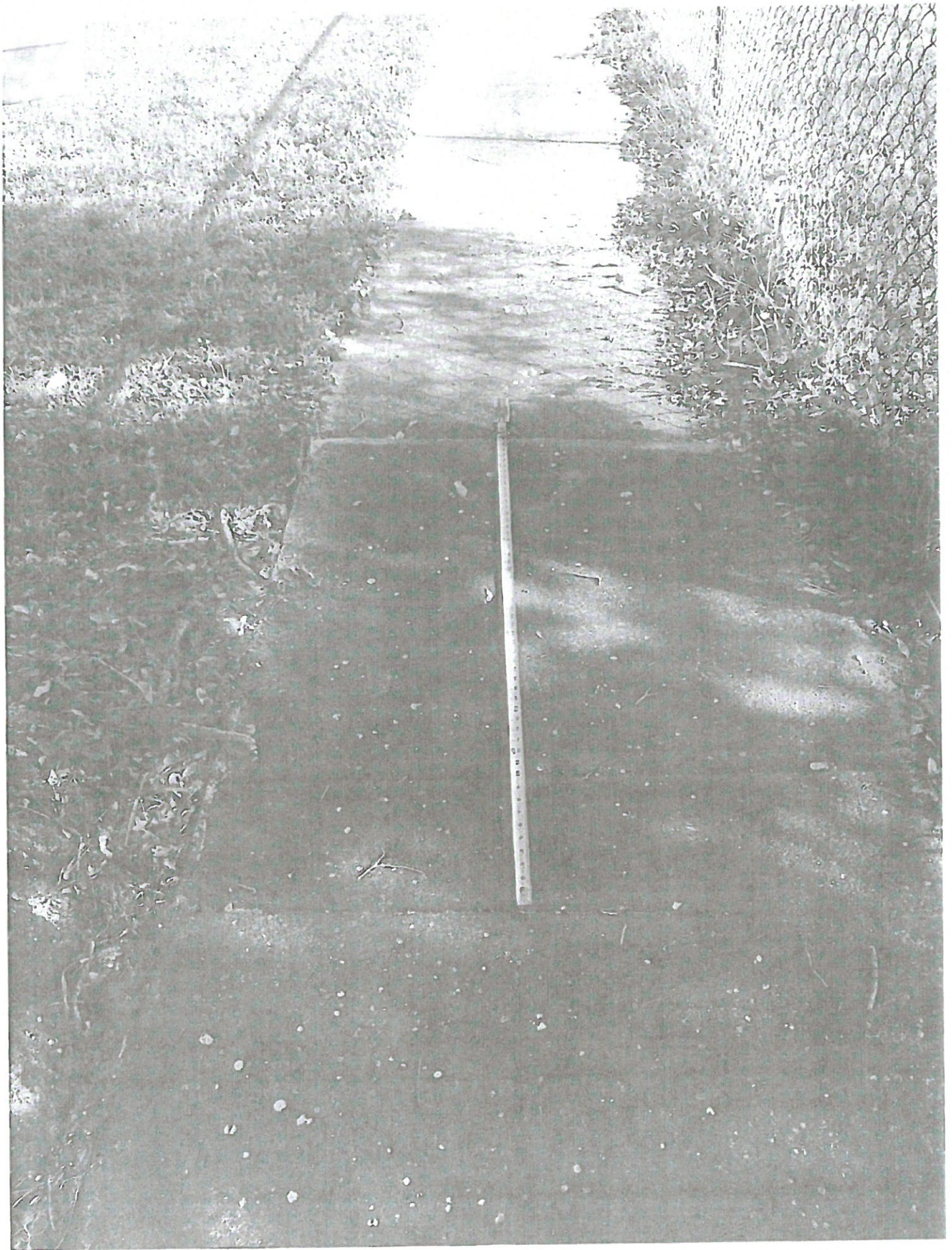
15 APR 13 PM 2:00:45

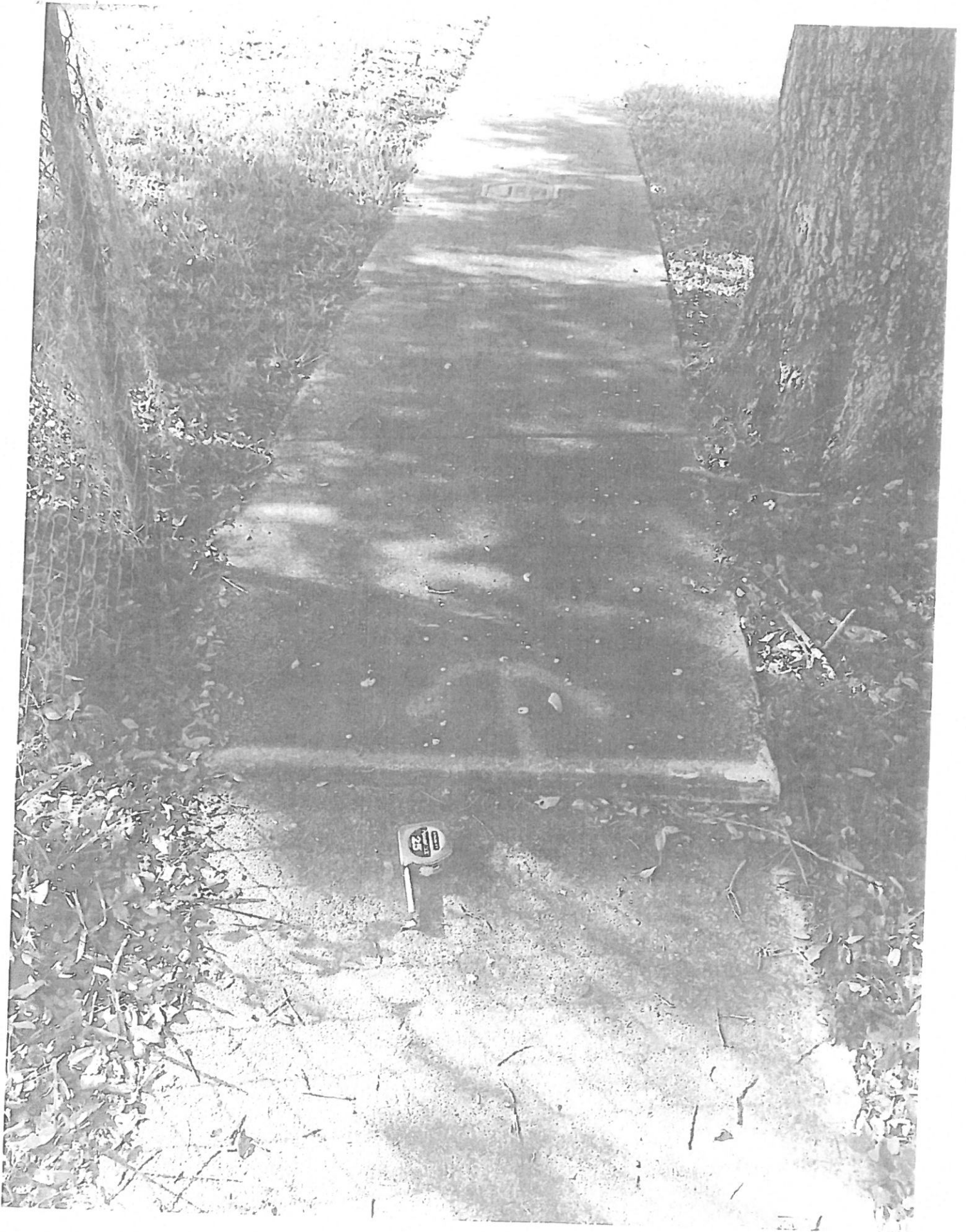
BILL TO:  
 HARVEY RICHARD EMERGENCY FC=09  
 167 SW 1 TERR ADMIT THRU DISCHARGE CLAIM  
 DEERFIELD FL  
 33441

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
259-OTHER PHARMACY							
012215	22B309	0712	594506		1	HYDROCO/APAP 5/325MG T	8.00
SUBTOTAL:							8.00
320-DX X-RAY							
012215	22B310	0728	116400	73560RT	1	XR KNEE 1 OR 2 V RT	354.00
012215	22B310	0728	116428	73620RT	1	XR FOOT 2 VIEWS RT	354.00
012215	22B310	0728	116419	73600RT	1	XR ANKLE 2 VIEWS RT	326.00
SUBTOTAL:							1034.00
450-EMERG ROOM							
012215	26B901	0780	124439	99283	1	EMER DEPT LEVEL 3	1745.00
SUBTOTAL:							1745.00
TOTAL ANCILLARY CHARGES							2787.00
TOTAL CHARGES							2787.00
PAYMENTS							.00
ADJUSTMENTS							.00
BALANCE							2787.00

A FOR PROFIT, TAX PAYING HOSPITAL LICENSED BY  
 THE STATE OF FLORIDA IRS ID # 62-1372389.

15 APR 13 PM 2:00:53







DEPARTMENT OF ENVIRONMENTAL  
& ENGINEERING SERVICES

Defective Sidewalk

Streets and Roads Sidewalk Maintenance

Location Inspected: 3440 NW 8<sup>th</sup> St

Inspected By: W. Miller

Date of Inspection: 3/16/15 Time: 9:45

Description of Defect

- 10% or more of sidewalk is broken
- Separation of  $\frac{3}{4}$ " or more from one piece to another
- Rise in the concrete in excess of 1.5" in height
- Vertical displacement at the joints of the block exceeds  $\frac{1}{2}$ " or more
- Horizontal displacement at the joints of the block exceeds 1" or more
- Scaling and/or peeling exceeds 25% of the individual area
- Extensive cracking with displacement or unstable sections exceeding 10% of the block surface area
- Recommendation for barricades and warning signs to be placed in the area

Affected Area: No. of Sq. 1 Size of Sq. 5x4  
Total Sq. Ft. 20

Other Recommendations/Comments: \_\_\_\_\_



**Broward Sheriff's Office  
Communications Division - Law Enforcement Incident  
In-house Summary Sheet\***

Incident Number: L29150312002278	Prio./Disp.: 5
Signal: 68 POLICE SERVICE CALL	Agency: Lauderhill PD
Address: 6279 W OAKLAND PARK BLVD - LAUDERHILL PD	Zone: 2921
Caller: X RAY 29	Date: 03/12/15
Caller Address:	
Dispatch Time: 12:16:48	Arrival Time: 12:16:48
Primary Unit: 29B11	Primary: 348

**Operator Console Summary**

Time: 10:53:22 Console: SF Operator: Neumann, Vicki  
Incident Initiated By: Neumann, Vicki

Time: 10:53:22.000 Console: SF Operator: Neumann, Vicki  
Primary Event: MAIN Opened: 15/03/12 10:53  
Incident Initiated By: BS/NEUMANN, VICKI  
Original Location : LAUDERHILL PD  
REF DELAYED FROM JAN 21 REF MALE FELL 1019 IN THE LOBBY

Time: 10:55:30.000 Console: QA Operator: Davis, Kathleen  
29D2 26

Time: 10:55:32.000 Console: QA Operator: Davis, Kathleen  
FAU

Time: 10:55:35.000 Console: QA Operator: Davis, Kathleen  
Priority CHANGED Fr: 4 To: 5  
Priority Changed From: 4 To: 5

Time: 12:12:15.000 Console: QA Operator: Jones, Tamika  
L29150312002278 timer reset by BS/12409

Time: 12:16:48.000 Console: QA Operator: Jones, Tamika  
29/29B11 - Arrived -> 6279 W OAKLAND PARK BLVD - 68

Time: 12:16:49.000 Console: SF Operator: Neumann, Vicki  
Unit Changed From: - - - - - To: 2929B11-

Generated: 3/12/2015 12:28:55 PM

## Joye Bardelang

---

From: Richard Harvey [hargretlee@gmail.com]  
Sent: Wednesday, March 11, 2015 9:46 PM  
To: Joye Bardelang  
Subject: Accident report on 1/22/2015

On January 21, 2015, I, my wife and my nephew Miah left my house in Deerfield beach fla, at 167 s.w.1st. Terrace, Deerfield bch fla. about 8:00 p.m. to visit my sister, s house. she lives at 3410 n.w. 7th court in lauderhill fla. When I got to fort. laud. I went west on sunrise blvd and I turned left on n.w. 34th Avenue going south and I then turned right onto n.w. 8th street to go to my sister, s house. but my car cut off almost at the corner of n.w. 8th street, in lauderhill, fla. I.: told my nephew and my wife Vickie to stay in the car and I would go to my sister, s house. And get some help for the car, so I started walking down the sidewalk to her house in the dark and I couldn't, see very well and tripped and fell over the sidewalk and I injured my right foot, my wife and my nephew saw me and they ran up to me and my wife took my right sock off my feet and her and my nephew lifted me up, and put my arms around their shoulders, helped me get to my sister, s house. my sister and my wife layed me down on a sofa and gave me two tylenol pills. I was in pain and I went to sleep in pain. I awaked between hours during the night and I took two more tylenol pills then I went back to sleep. I then woke up between five thirty and six o, clock in worse pain, my foot was real swollen, my leg was swollen, and hurting badly, my right hip was hurting, my lower back, my right knee was hurting, I was dizzie, my head was hurting and my blood was high. My sister and my wife and nephew tried to take me to the hospital but I was in so much pain I couldn't, walk or move when they got me outside so they sat me down beside the fence outside my sister fence and my wife call the (911) for help and the rescue people came and took me and my wife to the plantation general hospital. my phone number is (561)- 222-7225.

Agency ORI  
FL0061800

**Incident Offense Report  
Other Persons Involved**

Agency Report Number  
15032278

Others

Offense Indicator 26*		Involvement Type OTHER		Juvenile NO	Name (Last, First, Middle) HARVEY, RICHARD LEE			Suffix		Suspect Code
Address (Street, Apartment Number) 167 SW 7 Terrace, #2					City DEERFIELD BCH	State FL	Zip 33441-		Residence Phone 954-735-2368	
Maiden Name			Nickname/Streetname			Place of Birth FT LAUDERDALE			Business Phone -	
Race BLA'	Sex MALE	DOB 04/20/1953	Age 61	Clothing			Res. Type	Res. Status Full Year	Cell Phone 561-222-7225	
Occupation		Employer/School			Address			SSN 263-11-4612		
Driver's License (State and Number) H610752531400 FL			Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC NO		
Height 507		Weight 220	Eye Color BROWN		Hair Color BLACK		Hair Length MEDIUM		Hair Style AFRO	
Complexion MEDIUM		Build MEDIUM	Facial Hair UNSHAVEN		Teeth		Speech/Voice		Ethnicity	

Others

Offense Indicator		Involvement Type		Juvenile	Name (Last, First, Middle)			Suffix		Suspect Code
Address (Street, Apartment Number)					City	State	Zip		Residence Phone	
Maiden Name			Nickname/Streetname			Place of Birth			Business Phone	
Race	Sex	DOB	Age	Clothing			Res. Type	Res. Status	Cell Phone	
Occupation		Employer/School			Address			SSN		
Driver's License (State and Number)			Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC		
Height		Weight	Eye Color		Hair Color		Hair Length		Hair Style	
Complexion		Build	Facial Hair		Teeth		Speech/Voice		Ethnicity	

Others

Offense Indicator		Involvement Type		Juvenile	Name (Last, First, Middle)			Suffix		Suspect Code
Address (Street, Apartment Number)					City	State	Zip		Residence Phone	
Maiden Name			Nickname/Streetname			Place of Birth			Business Phone	
Race	Sex	DOB	Age	Clothing			Res. Type	Res. Status	Cell Phone	
Occupation		Employer/School			Address			SSN		
Driver's License (State and Number)			Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC		
Height		Weight	Eye Color		Hair Color		Hair Length		Hair Style	
Complexion		Build	Facial Hair		Teeth		Speech/Voice		Ethnicity	

VEHICLE

Related To:		Status Code		Damage Code		Type		Offense	
Veh. #	Year	Make		Model		Style		VIN/Hull Number	
Tag Reg./Doc. #		Plate State	Plate Year	Reg. State	Reg. Year	Decal Number		Tag Type	
Condition			Insurance Company		Lien Holder			Estimated Value	
Color				Description (Identifying Characteristics Noticeable Damage, Interior Color, Etc.)					
Vessel Name		Length		Hull Material		Propulsion		Boat Type	
Recovery Loc.					Recovery Code				
Recovery Address/Geographic Indicator						Date Recovered		Value Recovered	
Method Of Theft				Original Reporting Agency					
Report Number			Hold			Reason/Authority			
Components Stripped									
Towed By			Storage Location			FCIC/NCIC			

PROPERTY WEAPON

Person Code	Item #	Damage Code		Type		Status		Offense	
Quantity	Name			Brand		Make		Model	
Serial Number				Owner Applied Number					
Description (Size, Color, Caliber, Barrel Length, Etc.)									
Value		Value Recovered			Date Recovered		FCIC/NCIC		
Related To:			Status			Type			
Bank/Card Issuer			Account Number			Document/Serial Number			
Printed Name				Payable To			Face Signature		
Endorsement			Other Name(s)			Service/Property Received			
ID. Type		ID. No.		Document Date		Amount			

NARRATIVE

Title: INFORMATION

On March 12, 2015 at 1205 hours I was dispatched to The Lauderhill Police Department 6279 West Oakland park Blvd in reference to the following.

Once there I made contact with Richard Harvey who advised me he tripped on a dip in the sidewalk at 3440 NW 8 St Lauderhill. This occurred on 1/21/15 between 1900 and 2000 hours. This "trip" caused something in his right foot to be "torn up". Harvey advised me further he has since received medical treatment and that he needs this report to document the incident.

Harvey was issued case information and told how to obtain a copy of this report.

STATUS

Report Contains				Related Report Number(s)			
Reporting Officer/ID 0348 MURRAY, ROBERT			Unit 29B11		Date 3/14/2015 12:27:47 PM		
Officer Reviewing (If Applicable) ID Number		Routed To		Referred To		Assigned To	By
Case Status INACTIVE		Clearance Type		Date Cleared		Number Arrested	

Richard Harvey

Original

Juvenile

Supplement/Current

EVENT DATA

VICTIM / WITNESS

SUSPECT / MISSING PERSON

MISSING PERSON

DRUGS

OFFENSE INCIDENT REPORT											
Agency ORI FL0061800					Agency Report Number 15032278						
Reported: Day Thursday		Date 03/12/2015		Time (mil) 12:00		Time Dispatched (mil) 03/12/2015 12:05		Time Arrived (mil) 03/12/2015 12:10		Time Completed (mil) 03/12/2015 13:00	
# Off.	# Victims	# Offenders	# Prem. Ent	# Veh. Stolen	Incident: From	Day Wednesday	Date 01/21/2015	Time (mil) 19:00	Day Wednesday	Date 01/21/2015	Time (mil) 20:00
Incident Location 3440 NW 8 Street , LAUDERHILL FL 33311								Geographic Indicator Tract 41 ZONE (EAS)			
Method of Operation COMPLAINANT TRIPPED ON DIP IN						Description of Incident INFORMATION					
Location Type 99 OTHER						Occupancy OCCUPIED					
Offense Type 1 OTHER		Description Miscellaneous (Except Minor Traffic)				Attempt/Complete A	NCIC/UCR Code 99	Forced Entry N/A			
Statute Violation Number: 777.7777.1						Weapon Code:					
Offense Indicator		V/W Code #		V. Type		Juvenile	Name (Last, First, Middle)			Suffix	
Address (Street, Apartment Number)				City		State	Zip		Residence Phone		
Other Contact Info (Time Available, Interpreter)					Synopsis Of Involvement			Business Phone			
Race	Sex	DOB	Age	Res. Type	Res. Status	Extent Of Injury	Injury Type	Relationship	Cell Phone		
Occupation		Employer/School			Address			SSN			
Driver's License (State and Number)		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC				
Height		Weight	Eye Color		Hair Color		Hair Length		Hair Style		
Complexion		Build	Facial Hair		Teeth	Speech/Voice		Ethnicity			
Offense Indicator		Involvement Type		Juvenile	Name (Last, First, Middle)			Suffix	Suspect Code		
Address (Street, Apartment Number)				City		State	Zip		Residence Phone		
Maiden Name			Nickname/Streetname			Place of Birth			Business Phone		
Race	Sex	DOB	Age	Clothing			Res. Type	Res. Status	Cell Phone		
Occupation		Employer/School			Address			SSN			
Driver's License (State and Number)		Other ID (Number and State)		Scars, Marks, Tattoos (Location and Description)			FCIC/NCIC				
Height		Weight	Eye Color		Hair Color		Hair Length		Hair Style		
Complexion		Build	Facial Hair		Teeth	Speech/Voice		Ethnicity			
Special Identifiers							Immigration/Naturalization #				
Incident Type		Foul Play?	Missing Before?	Fingerprints?	Photo Available?	Dental Record?	MCIC Form?				
Date Last Seen		Time Last Seen			Location Last Seen (Address, City, St.)						
Accompanied By											
Mental/Physical Condition				Medication Required/Type			Doctor/Dentist (Name, Phone Number)				
Property Carried											
Recovery Information											
Type	Description			Status		Quantity		Measure		Street Value	
Activity 1				Activity 2			Activity 3				



# Alternative Service Concepts

Flexibility · Expertise · Integrity

November 25, 2015

Michael Davis, Esq.  
2311 North Andrews Ave.  
Fort Lauderdale, FL 33311

**RE:**  
**Our Client:** CITY OF LAUDERHILL  
**Plaintiff:** PAULA WILLIAMS  
**Date of Loss:** 11/5/2015  
**Claim Number:** C9161520757

Dear Mr. Davis:

We acknowledge your representation of the above individual. Please be advised this case has been assigned to me for handling to conclusion. Our client is self insured pursuant to F.S. 768.28.

We request the opportunity to interview your client in an effort to help us gather facts.

Also, in order for us to properly investigate and evaluate your client's claim, we ask that you submit the following documentation as soon as it becomes available to you.

1. Scene the address and photographs depicting the exact location of the loss. Please send this as soon as possible so that we may properly investigate this claim.
2. Copies of all medical records, diagnostic test results, and reports for the five (5) years prior to the accident date through the present time.
3. Copies of all medical bills and any other specials incurred as a result of this occurrence.
4. Verification of any wage loss/loss of earning capacity claimed.
5. Information relative to collateral sources available to your client including automobile and health insurance.
6. Names of any known witnesses to the occurrence.



# Alternative Service Concepts

Flexibility • Expertise • Integrity

Should you wish to discuss the matter at any time, please feel free to contact me at 407-470-1011 ext. 2234. I look forward to working with you toward the amicable conclusion of this matter.

Sincerely,

Anthony Grande  
Claims Manager

cc: File

## Charlie Cuyler

---

**From:** Anthony T. Grande <Anthony.Grande@ascrisk.com>  
**Sent:** Wednesday, November 25, 2015 2:46 PM  
**To:** Charlie Cuyler  
**Cc:** Joy Bardelang  
**Subject:** FW: Paula Williams, City of Lauderhill, 11/5/15, PI-15-07550, C9161520757  
**Attachments:** SASC Orland15112514420.pdf

Good Afternoon Charlie.

The loss location is at NW 35<sup>th</sup> Ave. & NW1st St. in Lauderhill. I requested further detail below and attached & will send the photos upon receipt.

Please let me know if you have any information relating to prior notice or if you have a position regarding any defect in that area.

Thank you.

Tony

**From:** Anthony T. Grande  
**Sent:** Wednesday, November 25, 2015 2:42 PM  
**To:** 'rose@boonedavis.com' <rose@boonedavis.com>  
**Subject:** Paula Williams, City of Lauderhill, 11/5/15, PI-15-07550, C9161520757

Rose,

Thank you for discussing this with me today. Please forward the attached letter to Mr. Davis. You mentioned that the fall occurred at NW 35<sup>th</sup> Ave. & NW1st St. in Lauderhill, please verify this. You told me that you could send the close up photos and that your client would send photos with background information so that the city can investigate the scene. Please send the photographs as soon as you can and I will forward upon receipt.

Please let me know if you or Mr. Davis would like to discuss this at any time.

Thank you.

Tony Grande



**Anthony Grande** - Claims Manager  
P.O. Box 290129, Nashville, TN 37229  
Office Phone: 407-470-1011 ext. 2234 Office Fax: 407-470-1336  
[anthony.grande@ascrisk.com](mailto:anthony.grande@ascrisk.com) [www.ascrisk.com/](http://www.ascrisk.com/)

**CONFIDENTIALITY NOTICE:** This communication and any documents, files or previous e-mail messages attached to it, constitute an electronic communication within the scope of the Electronic Communication Privacy Act, 18 USCA 2510. This communication may contain non-public, confidential or legally privileged information intended for the sole use of the designated recipient (s). The unlawful interception, use or disclosure of such information is strictly prohibited under 18 USCA 2511 and any applicable laws. If you are not the intended recipient or have received this communication in error, please notify the sender immediately by reply e-mail and delete all copies of this communication, including attachments, without reading them or saving them to disk. Thank you.

---

Prior Emails (not sent to opposing counsel):

**From:** Joy Bardelang [mailto:jobardelang@laudershill-fl.gov]  
**Sent:** Wednesday, November 18, 2015 4:48 PM  
**To:** Charlie Cuyler <ccuyler@laudershill-fl.gov>  
**Cc:** Anthony T. Grande <Anthony.Grande@ascrisk.com>  
**Subject:** RE: Paula L Williams

As of now the only thing we have is the attorney letter.

Joy

**From:** Charlie Cuyler  
**Sent:** Wednesday, November 18, 2015 4:36 PM  
**To:** Joy Bardelang; 'claimreporting@ascrisk.com'  
**Cc:** 'Anthony T. Grande'  
**Subject:** RE: Paula L Williams

I'm not sure what location the individual has indicated. Is there photos of location?

-----  
Charles Cuyler, Director  
Dept. of Environmental & Engineering Services  
[ccuyler@laudershill-fl.gov](mailto:ccuyler@laudershill-fl.gov)  
(954) 730-4230

**From:** Joy Bardelang  
**Sent:** Wednesday, November 18, 2015 10:37 AM  
**To:** 'claimreporting@ascrisk.com'  
**Cc:** 'Anthony T. Grande'; Charlie Cuyler  
**Subject:** Paula L Williams

Attached is a new claim, attorney letter, department 315.

Charlie, do you know anything about this...is it our property.

Joy Bardelang  
Benefits/Risk Management Specialist  
City of Laudershill  
5581 W Oakland Park Blvd, Suite 338  
Laudershill, FL 33313  
954-730-3094  
954-730-4240 (fax)

This e-mail conforms to the City's privacy and confidentiality policy: <http://laudershill-fl.gov/about-laudershill/privacy-and-confidentiality-notice>

**From:** Earl Hall [mailto:earl@hallrosenberg.com]  
**Sent:** Wednesday, November 18, 2015 10:48 AM  
**To:** Anthony T. Grande <Anthony.Grande@ascrisk.com>  
**Cc:** jobardelang@laudhill-fl.gov; Charlie Cuyler <ccuyler@laudhill-fl.gov>  
**Subject:** FW: Notice of Intent - client Paula L Williams

Tony,

Please see the attached notice of intent. As part of your investigation, please request photographs of the subject location. Staff will inspect the site based on the information provided by the plaintiff.

Thanks,

Earl

W. Earl Hall, Esq.  
Hall & Rosenberg, PL  
8850 W. Oakland Park Boulevard, Suite 101  
Sunrise, FL 33351  
954-572-9020

**From:** Bernadette M. Pelliccia [mailto:BPelliccia@laudhill-fl.gov]  
**Sent:** Wednesday, November 18, 2015 10:26 AM  
**To:** Joy Bardelang; Earl Hall  
**Subject:** Notice of Intent - client Paula L Williams

Good morning – hard copy in your office.

Bernadette Pelliccia  
Records Coordinator

**City of Lauderhill**  
City Clerk's Office  
5581 West Oakland Park Blvd.  
Room 421  
Laudhill, Florida 33313

office: 954-730-3011  
fax: 954-730-3062

**City of Lauderhill is open Monday through Thursday from 7:30 a.m. to 6:00 p.m.**

---

No virus found in this message.

Checked by AVG - [www.avg.com](http://www.avg.com)

Version: 2016.0.7227 / Virus Database: 4460/11021 - Release Date: 11/18/15

**CHARLES H. COHEN, P.A.**  
ATTORNEY AND COUNSELOR AT LAW  
WILLIAM RUGGIERO OF COUNSEL

Charles H. Cohen, Esq.

[charlescohenlaw@gmail.com](mailto:charlescohenlaw@gmail.com)

4300 N. UNIVERSITY DRIVE  
SUITE B-200  
SUNRISE, FL 33351

TELEPHONE (954) 749-3330  
FACSIMILE (954) 749-3306  
TOLL FREE (877) 747-8487

August 30, 2016

Certified Mail - Return Receipt  
7013 2250 0002 2932 3133

City of Lauderhill  
Mayor Richard J. Kaplan  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313

RE: Our Client: Donna Salerno  
DOA: 8/14/16  
Accident Location: NW 56<sup>th</sup> Avenue and NW 28<sup>th</sup> Street  
Lauderhill, FL

Dear Mayor Kaplan:

Please be advised we represent Donna Salerno in connection with an accident that occurred on 8/14/16 at the above-referenced location. Ms. Salerno stepped into a large, uncovered hole in the swale along the sidewalk, which caused her to fall. Please see photos enclosed. In that regard, please furnish to this office within thirty (30) days the following information:

- A) a copy of the applicable premises liability declaration sheet (**we do not need the entire policy at this time and do not want to be charged for the same - we will forward a subsequent request if it is needed in the future**)
- B) whether or not your insured has med pay coverage and the limits of the med pay coverage; (Please forward med pay benefits to our office, if applicable)
- C) a statement of any policy or coverage defense which you reasonably believe to be available to the insured;
- D) a copy of any statement given by our client.

Florida Statute §627.4137 (formerly 627.7264) requires that the above information be furnished within thirty (30) days.

If you have any questions regarding the above, please do not hesitate to contact me.

Sincerely,

  
Charles H. Cohen, Esq.

CHC/lk  
R&C

SEP 8 2016 11:42



LAW OFFICES OF  
**ROBERT J. FENSTERSHEIB & ASSOCIATES, P.A.**

Corporate Office & Correspondence Mail to:

\*10752 Deerwood Park Blvd  
Southwaterview II  
Jacksonville, FL 32256

520 West Hallandale Beach Boulevard  
Hallandale Beach, Florida 33009

\*1990 Main Street Suite 750  
Sarasota, FL 34236

\*3505 Lake Lynda Drive Suite 200  
Orlando, FL 32817

Broward 954.456.2488  
Fax 954.456.2588  
1-855-Tell-Robert

\*8875 Hidden River Parkway  
Suite 300  
Tampa, FL 33637

\* Available by appointment only

Email: [rjf@fenstersheib.com](mailto:rjf@fenstersheib.com)  
Website: [www.tellrobert.com](http://www.tellrobert.com)

\*777 S Flagler Drive  
Suite 800  
West Palm Beach, FL 33401

October 7, 2016

City of Lauderdale Mayor, Mr. Richard Kaplan  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313

City of Lauderdale County Risk Management Division  
City Hall  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313

City of Lauderdale Code Enforcement Division  
5581 W. Oakland Park Blvd  
Lauderhill, FL 33313

City of Lauderdale Public Works Division  
DEES Facility  
2101 NW 49th Ave.  
Lauderhill, FL 33313

Broward County Mayor, Mr. Marty Kiar  
115 South Andrews Avenue, Room 417  
Fort Lauderdale, Florida 33301-1869

Broward County Board of County Commissioners  
115 South Andrews Avenue, Room 421  
Fort Lauderdale, FL 33301

Broward County Risk Management Division  
115 South Andrews Avenue, Room 513  
Fort Lauderdale, Florida 33301-1869

Broward County Public Works Department Administration  
115 South Andrews Avenue, Annex 550  
Fort Lauderdale, Florida 33301-1869

Florida Department of Financial Services  
Division of Risk Management  
200 East Gaines Street  
Tallahassee, FL 32399-0336

RECEIVED  
OCT 13 2016  
CITY CLERK'S OFFICE

RE: Case Style

William Austin Borden & Marolie Thompson Borden vs. City

Location of Accident: of Lauderhill  
The sidewalk between 3840 NW 7th Place and 3850 NW 7th  
Place, Fort Lauderdale, FL 33311  
Date of Accident : 9/1/2016  
Our File Numbers : 32030-000 & 30536-001

Dear Sir or Madam:

Please be advised that the undersigned law firm has been retained by William Austin Borden; Date of Birth: 1/9/1940, Place of Birth: Honduras, Social Security Number: 262-17-5343, to represent his interests as well as a consortium claim with respect to injuries sustained in the accident at the above stated location on the above captioned date.

Please be advised that the undersigned law firm has been retained by Marolie Thompson Borden; Date of Birth: 6/1/1947, Place of Birth: Colombia, Social Security Number: 266-84-2306, to represent his interests as well as a consortium claim with respect to injuries sustained in the accident at the above stated location on the above captioned date.

Both of our clients were injured due to uneven sidewalk pavement. Please find a photograph enclosed.

This letter shall serve as our formal notice of claim against, City of Lauderhill Mayor, Mr. Richard Kaplan, City of Lauderhill County Risk Management Division, City of Lauderhill Code Enforcement Division, City of Lauderhill Public Works Division, Broward County Mayor, Mr. Marty Kiar, Broward County Board of County Commissioners, Broward County Risk Management Division, Broward County Public Works Department Administration, and Florida Department of Financial Services pursuant to Florida Statute Section 768.28(6).

At this time we respectfully request that you acknowledge this letter as written notification and advise the undersigned if there are any further requirements needed by your offices regarding notification of filing a claim. To the claimants' best knowledge, there exists no prior adjudicated claims in excess of \$200.00, imposed by a civil, criminal, or administrative tribunal, owed by the claimants' to the state, its agency, officer or subdivision (i.e. Broward County).

Should you have any questions regarding this matter, please do not hesitate to contact, Erin Breslin, the legal assistant assigned to this file.

Very truly yours,

Law Offices of  
ROBERT J. FENSTERSHEIB & ASSOCIATES, P.A.

Robert J. Fesntersheib, Esquire  
For the Firm  
RJF/eb

CERTIFIED MAIL NUMBER

City of Lauderdale Mayor, Mr. Richard Kaplan  
7016 0600 0000 6571 0870

City of Lauderdale County Risk Management Division  
7016 0600 0000 6571 0887

City of Lauderdale Code Enforcement Division  
7016 0600 0000 6571 0894

City of Lauderdale Public Works Division  
7016 0600 0000 6571 0900

Broward County Mayor, Mr. Marty Kiar  
7016 0600 0000 6571 0917

Broward County Board of County Commissioners  
7016 0600 0000 6571 0924

Broward County Risk Management Division  
7016 0600 0000 6571 0931

Broward County Public Works Department Administration  
7016 0600 0000 6571 0948

Florida Department of Financial Services  
7016 0600 0000 6571 0955

RETURN RECEIPT REQUESTED



## Charlie Cuyler

---

**From:** Anthony T. Grande <Anthony.Grande@ascrisk.com>  
**Sent:** Monday, December 12, 2016 11:44 AM  
**To:** Susanne Joseph; Charlie Cuyler  
**Subject:** RE: new claim\_Denise Beaudoin Delaney

Susanne & Charlie,

At this point I only know that this uneven section of the sidewalk was located on the East sidewalk of Environ Blvd. in front of cultural center Lauderhill, FL 33319. I called leaving a message with Michelle in Mr. Schiller's office asking for the exact location and photos of the incident and will provide this to you once it is received.

Thanks-

Tony

December 12, 2016

Marc Schiller, Esq.  
7501 W. Oakland Park Blvd.  
Suite 201  
Ft. Lauderdale, FL 33319

**RE:**  
**Our Client:** CITY OF LAUDERHILL  
**Plaintiff:** DENISE BEAUDOIN-DELANEY  
**Date of Loss:** 11/14/2016  
**Claim Number:** C916-16-20867

Dear Mr. Schiller:

We acknowledge your representation of the above individual. Please be advised this case has been assigned to me for handling to conclusion. Our client is self-insured pursuant to F.S. 768.28.

We request the opportunity to interview your client in an effort to help us gather facts.

Also, in order for us to properly investigate and evaluate your client's claim, we ask that you submit the following documentation as soon as it becomes available to you.

1. Scene photographs depicting the exact location of the loss.
2. Copies of all medical records, diagnostic test results, and reports for the five (5) years prior to the accident date through the present time.
3. Copies of all medical bills and any other specials incurred as a result of this occurrence.
4. Verification of any wage loss/loss of earning capacity claimed.
5. Information relative to collateral sources available to your client including automobile and health insurance.

6. Names of any known witnesses to the occurrence.

[954-572-9020](tel:954-572-9020)

----- Forwarded message -----

From: **Susanne Joseph** <[SJoseph@lauderdale-fl.gov](mailto:SJoseph@lauderdale-fl.gov)>

Date: Thu, Dec 8, 2016 at 4:32 PM

Subject: new claim\_Denise Beaudoin Delaney

To: "[claimreporting@ascrisk.com](mailto:claimreporting@ascrisk.com)" <[claimreporting@ascrisk.com](mailto:claimreporting@ascrisk.com)>

Cc: "Anthony T. Grande" <[Anthony.Grande@ascrisk.com](mailto:Anthony.Grande@ascrisk.com)>, Joy Bardelang <[jobardelang@lauderdale-fl.gov](mailto:jobardelang@lauderdale-fl.gov)>, Earl Hall <[ehall@lauderdale-fl.gov](mailto:ehall@lauderdale-fl.gov)>, "[angel@hallrosenberg.com](mailto:angel@hallrosenberg.com)" <[angel@hallrosenberg.com](mailto:angel@hallrosenberg.com)>, Revlon Fennell <[rfennell@lauderdale-fl.gov](mailto:rfennell@lauderdale-fl.gov)>

Good Afternoon,

Attached is a new trip and fall on sidewalk claim.

Dept. 315

Thank you

Susanne Joseph

Benefit/Risk Management Associate

City of Lauderdale

5581 W. Oakland Park Blvd., Suite 338

Lauderdale, FL 33313

[\(954\) 730-3096](tel:954-730-3096) direct

[\(954\) 730-4240](tel:954-730-4240) fax

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**From:** Angelique McKinney

**Sent:** Thursday, December 08, 2016 4:14 PM

**To:** Earl Hall <[earl@hallrosenberg.com](mailto:earl@hallrosenberg.com)>; [angel@hallrosenberg.com](mailto:angel@hallrosenberg.com)

**Cc:** Susanne Joseph <[SJoseph@Lauderdale-fl.gov](mailto:SJoseph@Lauderdale-fl.gov)>; Andrea Anderson <[aanderson@lauderdale-fl.gov](mailto:aanderson@lauderdale-fl.gov)>

**Subject:** CLAIM\_Denise Beaudoin Delaney

Good Afternoon,

FYI!

Hard copy in your office. A copy was hand delivered to Ms. Susanne in H R.

Thank you

**Angelique McKinney**

City of Lauderhill

City Clerk's Office

5581 West Oakland Park Blvd.

Room 421

Lauderhill, Florida 33313



Ph: [954-730-3079](tel:954-730-3079) | Fax: [954-730-3062](tel:954-730-3062) | Email: [amckinney@lauderhill-fl.gov](mailto:amckinney@lauderhill-fl.gov)  
Hours of Operation: Monday through Thursday 7:30 AM - 6:00 PM

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Should you wish to discuss the matter at any time, please feel free to contact me at [407-470-1011](tel:407-470-1011) ext. 2234. I look forward to working with you toward the amicable conclusion of this matter.

Sincerely,

Anthony Grande

Claims Manager

cc: File

---

Prior emails not sent to OC:

**From:** Earl Hall [mailto:[earl@hallrosenberg.com](mailto:earl@hallrosenberg.com)]  
**Sent:** Wednesday, December 14, 2016 8:29 AM  
**To:** Anthony T. Grande; Charlie Cuyler  
**Cc:** Susanne Joseph  
**Subject:** Fwd: new claim\_Denise Beaudoin Delaney

Tony,

I had staff check to see if the sidewalk near the cultural center is in the public right of way. It is. When you communicate with opposing counsel, please request pictures that show the exact location.

Charlie, I know that Corland is making sidewalk repairs throughout the city. Please check your records to see if they made any recent repairs near the Environ Cultural Center?

Thanks all,

Earl

W. Earl Hall

8850 W. Oakland Park Blvd., Ste 101

Sunrise, FL 33351

[954-572-9020](tel:954-572-9020)

----- Forwarded message -----

From: **Joan Fletcher** <[jfletcher@lauderhill-fl.gov](mailto:jfletcher@lauderhill-fl.gov)>

Date: Tue, Dec 13, 2016 at 4:44 PM

Subject: RE: new claim\_Denise Beaudoin Delaney

To: Earl Hall <[earl@hallrosenberg.com](mailto:earl@hallrosenberg.com)>

It looks like it is in our right-of-way.

Joan Fletcher, GISP

GIS Manager

Engineering/GIS Division

Office [\(954\) 730-4204](tel:954-730-4204)

**From:** Earl Hall [mailto:[earl@hallrosenberg.com](mailto:earl@hallrosenberg.com)]

**Sent:** Tuesday, December 13, 2016 1:12 PM

**To:** Joan Fletcher

**Subject:** Fwd: new claim\_Denise Beaudoin Delaney

Joan,

See the attached letter. The attorney asserts that the trip and fall happened on the east sidewalk of Environ Blvd. in front of cultural center. Can you check to see if the sidewalk is in public right of way?

Thanks,

Earl

W. Earl Hall

8850 W. Oakland Park Blvd., Ste 101

Sunrise, FL 33351

**From:** Anthony T. Grande [<mailto:Anthony.Grande@ascrisk.com>]  
**Sent:** Monday, December 12, 2016 11:53 AM  
**To:** Michelle Lausell <[Michelle@injuredinflorida.com](mailto:Michelle@injuredinflorida.com)>  
**Subject:** DENISE BEAUDOIN-DELANEY CITY OF LAUDERHILL 11/14/2016 C916-16-20867

Hello Michelle. Thanks for calling me back. Please let me know if you can send the specific area where the claim occurred and photos so we can conduct a timely investigation. I am sending the letter below requesting additional information also. Please let me know if you wish to discuss this matter at any time. Thank you. Tony



Anthony Grande - Claims Manager

P.O. Box 290129, Nashville, TN 37229

Office Phone: 407-470-1011 ext. 2234 Office Fax: 407-470-1336

[anthony.grande@ascrisk.com](mailto:anthony.grande@ascrisk.com) [www.ascrisk.com/](http://www.ascrisk.com/)

**CONFIDENTIALITY NOTICE:** This communication and any documents, files or previous e-mail messages attached to it, constitute an electronic communication within the scope of the Electronic Communication Privacy Act, 18 USCA 2510. This communication may contain non-public, confidential or legally privileged information intended for the sole use of the designated recipient (s). The unlawful interception, use or disclosure of such information is strictly prohibited under 18 USCA 2511 and any applicable laws. If you are not the intended recipient or have received this communication in error, please notify the sender immediately by reply e-mail and delete all copies of this communication, including attachments, without reading them or saving them to disk. Thank you.

December 12, 2016

Marc Schiller, Esq.

7501 W. Oakland Park Blvd.

Suite 201

Ft. Lauderdale, FL 33319

RE:

Our Client: CITY OF LAUDERHILL  
Plaintiff: DENISE BEAUDOIN-DELANEY  
Date of Loss: 11/14/2016  
Claim Number: C916-16-20867

Dear Mr. Schiller:

We acknowledge your representation of the above individual. Please be advised this case has been assigned to me for handling to conclusion. Our client is self-insured pursuant to F.S. 768.28.

We request the opportunity to interview your client in an effort to help us gather facts.

Also, in order for us to properly investigate and evaluate your client's claim, we ask that you submit the following documentation as soon as it becomes available to you.

1. Scene photographs depicting the exact location of the loss.
2. Copies of all medical records, diagnostic test results, and reports for the five (5) years prior to the accident date through the present time.
3. Copies of all medical bills and any other specials incurred as a result of this occurrence.
4. Verification of any wage loss/loss of earning capacity claimed.
5. Information relative to collateral sources available to your client including automobile and health insurance.
6. Names of any known witnesses to the occurrence.

Should you wish to discuss the matter at any time, please feel free to contact me at 407-470-1011 ext. 2234. I look forward to working with you toward the amicable conclusion of this matter.

Sincerely,

Anthony Grande  
Claims Manager

cc: File

---

**From:** Susanne Joseph [mailto:SJoseph@Lauderhill-fl.gov]  
**Sent:** Monday, December 12, 2016 11:29 AM  
**To:** Charlie Cuyler  
**Cc:** Anthony T. Grande  
**Subject:** RE: new claim\_Denise Beaudoin Delaney

Thanks for clarifying Charlie.

Tony, will you request pictures from the claimant/opposing claimant?

Thank you

Susanne Joseph  
Benefit/Risk Management Associate  
City of Lauderdale  
5581 W. Oakland Park Blvd., Suite 338  
Lauderhill, FL 33313  
(954) 730-3096 direct  
(954) 730-4240 fax

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---

**From:** Charlie Cuyler  
**Sent:** Monday, December 12, 2016 10:51 AM  
**To:** Susanne Joseph <[SJoseph@Lauderhill-fl.gov](mailto:SJoseph@Lauderhill-fl.gov)>; Herb Johnson <[hjohnson@lauderhill-fl.gov](mailto:hjohnson@lauderhill-fl.gov)>  
**Cc:** Anthony T. Grande <[Anthony.Grande@ascrisk.com](mailto:Anthony.Grande@ascrisk.com)>  
**Subject:** RE: new claim\_Denise Beaudoin Delaney

Susanne

Please do not send emails to Mr. Johnson regarding trip and falls because Mr. Johnson handles the Utility Department. Therefore, all trip and falls claims should be forwarded to Public Works and the Attorney.

Anthony

The claimant has to identify or provide photos of the area where the incident occurred which will allow me the opportunity investigate the area or identify claimant claim.

-----  
Charles Cuyler, Director  
Dept. of Environmental & Engineering Services  
[ccuyler@lauderdale-fl.gov](mailto:ccuyler@lauderdale-fl.gov)  
(954) 730-4230

---

**From:** Susanne Joseph  
**Sent:** Monday, December 12, 2016 7:59 AM  
**To:** Charlie Cuyler; Herb Johnson  
**Cc:** Anthony T. Grande  
**Subject:** FW: new claim\_Denise Beaudoin Delaney

Good Morning,

We have a trip and fall claim which occurred on 11/14/16 on the East sidewalk of Environ Blvd. in front of the cultural center in Lauderdale. Can you please respond to Tony Grande's questions below?

Thank you

Susanne Joseph  
Benefit/Risk Management Associate  
City of Lauderdale  
5581 W. Oakland Park Blvd., Suite 338  
Lauderdale, FL 33313  
(954) 730-3096 direct  
(954) 730-4240 fax

This e-mail conforms to the City's privacy and confidentiality policy: <http://lauderdale-fl.gov/about-lauderdale/privacy-and-confidentiality-notice>

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**From:** Anthony T. Grande [<mailto:Anthony.Grande@ascrisk.com>]  
**Sent:** Friday, December 09, 2016 4:58 PM  
**To:** Susanne Joseph <[SJoseph@Lauderdale-fl.gov](mailto:SJoseph@Lauderdale-fl.gov)>  
**Subject:** FW: new claim\_Denise Beaudoin Delaney

Susanne, When you return on Monday can you have Charlie, Herb or the appropriate person let me know if this was on city property, you have any photos or if the city had any prior knowledge of a hazard? If you need the exact address I can call opposing counsel. Hope you had a good weekend. Thanks- Tony

---

**From:** Courtney Hedrick [<mailto:courtney.hedrick@qrm-inc.com>]  
**Sent:** Friday, December 09, 2016 9:41 AM  
**To:** 'Susanne Joseph'; Anthony T. Grande; 'Joy Bardelang'  
**Cc:** [customdata@qrm-inc.com](mailto:customdata@qrm-inc.com)  
**Subject:** FW: new claim\_Denise Beaudoin Delaney

Claim # C916-16-20867 -01

**From:** Susanne Joseph [<mailto:SJoseph@Lauderhill-fl.gov>]  
**Sent:** Thursday, December 08, 2016 3:32 PM  
**To:** 'claimreporting@ascrisk.com' <[claimreporting@ascrisk.com](mailto:claimreporting@ascrisk.com)>  
**Cc:** Anthony T. Grande <[Anthony.Grande@ascrisk.com](mailto:Anthony.Grande@ascrisk.com)>; Joy Bardelang <[jobardelang@lauderhill-fl.gov](mailto:jobardelang@lauderhill-fl.gov)>; Earl Hall <[ehall@lauderhill-fl.gov](mailto:ehall@lauderhill-fl.gov)>; [angel@hallrosenberg.com](mailto:angel@hallrosenberg.com); Revlon Fennell <[rfennell@lauderhill-fl.gov](mailto:rfennell@lauderhill-fl.gov)>  
**Subject:** new claim\_Denise Beaudoin Delaney

Good Afternoon,

Attached is a new trip and fall on sidewalk claim.

Dept. 315

Thank you

Susanne Joseph  
Benefit/Risk Management Associate  
City of Lauderhill  
5581 W. Oakland Park Blvd., Suite 338  
Lauderhill, FL 33313  
(954) 730-3096 direct  
(954) 730-4240 fax

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**From:** Angelique McKinney  
**Sent:** Thursday, December 08, 2016 4:14 PM  
**To:** Earl Hall <[earl@hallrosenberg.com](mailto:earl@hallrosenberg.com)>; [angel@hallrosenberg.com](mailto:angel@hallrosenberg.com)  
**Cc:** Susanne Joseph <[SJoseph@Lauderhill-fl.gov](mailto:SJoseph@Lauderhill-fl.gov)>; Andrea Anderson <[aanderson@lauderhill-fl.gov](mailto:aanderson@lauderhill-fl.gov)>  
**Subject:** CLAIM\_Denise Beaudoin Delaney

Good Afternoon,

FYI!

Hard copy in your office. A copy was hand delivered to Ms. Susanne in H R.

Thank you

**Angelique McKinney**

City of Lauderhill  
City Clerk's Office  
5581 West Oakland Park Blvd.

Room 421  
Lauderhill, Florida 33313



Ph: 954-730-3079 | Fax: 954-730-3062 | Email: [amckinney@laudershill-fl.gov](mailto:amckinney@laudershill-fl.gov)

Hours of Operation: Monday through Thursday 7:30 AM - 6:00 PM

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Start Over



Find Places

Where are you starting?  
7200 Radice Ct, Lauderdale, FL 33309



Where are you going?  
Environ Cultural Ctr, 3800 Environ Blvd, Fort Lauderdale, FL 33309



Get Directions

+ Add Stop



Route Settings

Your Route

via Radice Ct

1min 0.3mi

Current Traffic: Light

[View Route Directions >](#)

Your route is sponsored by:

**From:** Michelle Lausell [mailto:[Michelle@injuredinflorida.com](mailto:Michelle@injuredinflorida.com)]  
**Sent:** Monday, December 12, 2016 4:44 PM  
**To:** Anthony T. Grande  
**Subject:** RE: DENISE BEAUDOIN-DELANEY CITY OF LAUDERHILL 11/14/2016 C916-16-20867

Good afternoon Anthony,

I am attaching photographs of where the client fell. It occurred on Environ Blvd. near the cultural center on the public outer sidewalk.

Also Mrs. Beaudoin's address is: 7200 Radice Court, Apt. 204, Lauderhill, FL 33319.

Best regards,



**Michelle Lausell** | *Case Manager*

Schiller, Kessler & Gomez, PLC

7501 W. Oakland Park Blvd. | Suite 201 | Ft. Lauderdale, FL  
33319

Tel: [\(954\) 933-3000](tel:(954)933-3000) | Toll-Free: [1 \(800\) 350-3476](tel:1(800)350-3476) | Fax: [\(954\)  
667-5805](tel:(954)667-5805)

[website](#) | [map](#) | [locations](#) | [email](#)       

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## Charlie Cuyler

---

**From:** Anthony T. Grande <Anthony.Grande@ascrisk.com>  
**Sent:** Tuesday, January 10, 2017 12:30 PM  
**To:** Charlie Cuyler  
**Subject:** FW: FW: DENISE BEAUDOIN-DELANEY CITY OF LAUDERHILL 11/14/2016 C916-16-20867  
**Attachments:** 20161215\_104347.jpg; 20161215\_104412.jpg; 20161215\_104423.jpg

Hi Charlie. Please confirm that the city did not have prior notice of a hazard before 11/14/16. Thanks- Tony

---

**From:** Charlie Cuyler [mailto:[ccuyler@laudershill-fl.gov](mailto:ccuyler@laudershill-fl.gov)]  
**Sent:** Thursday, December 15, 2016 12:46 PM  
**To:** Earl Hall; Anthony T. Grande  
**Cc:** Susanne Joseph  
**Subject:** RE: FW: DENISE BEAUDOIN-DELANEY CITY OF LAUDERHILL 11/14/2016 C916-16-20867

Attached is photo's taking after the inspection

-----  
Charles Cuyler, Director  
Dept. of Environmental & Engineering Services  
[ccuyler@laudershill-fl.gov](mailto:ccuyler@laudershill-fl.gov)  
(954) 730-4230

**From:** Earl Hall [mailto:[earl@hallrosenberg.com](mailto:earl@hallrosenberg.com)]  
**Sent:** Wednesday, December 14, 2016 9:34 AM  
**To:** Anthony T. Grande  
**Cc:** Charlie Cuyler; Susanne Joseph  
**Subject:** Re: FW: DENISE BEAUDOIN-DELANEY CITY OF LAUDERHILL 11/14/2016 C916-16-20867

Tony,

The sidewalk is in the right of way.

Charlie, perhaps the area should be barricaded if it has not been repaired.

Earl

W. Earl Hall  
8850 W. Oakland Park Blvd., Ste 101  
Sunrise, FL 33351  
954-572-9020

On Wed, Dec 14, 2016 at 9:02 AM, Anthony T. Grande <[Anthony.Grande@ascrisk.com](mailto:Anthony.Grande@ascrisk.com)> wrote:

Good Morning Earl. OC sent the attached photos of the exact location. If we can confirm this is city property and determine if the city had or had not received proper notice it would be helpful. I see a faded red mark on the pad adjacent to the apparent area in question- not sure of the significance. The claimant lives very close to this and should be familiar with the area. 3800 Environ Blvd to 7200 Radice Court (apt. 204) is .3 miles and a 1 minute walk. Thanks- Tony







THOMAS & PEARL, P.A.  
2404 N.E. 9th Street  
Fort Lauderdale, FL 33304  
(954) 563-9225 - Broward  
(561) 832-0223 - Palm Beach  
(561) 276-8181 - Boca/Delray

**SOVEREIGN IMMUNITY NOTICE LETTER**

Mayor Richard J. Kaplan  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

DATE: 1/12/2017

Please be advised that this office has been retained to represent the below named claimant. Pursuant to F.S.768.28(6)(a), you are put on notice as the claim against your agency by the claimant.

Name of Claimant: VIRGINIA MONROE

Date of Accident: 11/26/2016

Description of Incident and Location: MS. MONROE WAS WALKING ON NW 21<sup>ST</sup> STREET OUTSIDE OF WOOD HUE CONDOS AT APPROXIMATELY 5:30 P.M. WHEN SHE TRIPPED AND FELL ON A RAISED AND UNEVEN CONCRETE LIP OF THE SIDEWALK

Description of Injuries: RIGHT KNEE AND BACK

SEE FURTHER DESCRIPTION ADDENDUM

(Check if applicable) \_\_\_\_\_ Incident Details Attached  
\_\_\_\_\_ Accident Report Attached  
\_\_\_\_\_ Medical Records Attached  
 X  Photographs attached

Pursuant to F.S. 768.28(C), the claimant provides the following:

Date of Birth: 7/22/1962

Place of Birth: MIAMI, FLORIDA

Social Security Number or Federal I.D. #: 262-47-3548

(Choose One)

X  The claimant does not owe any adjudicated unpaid penalties, fines, fees, victim restitution fund or other judgments in excess of \$200 to the State, its agency, officer or subdivision.

\_\_\_\_\_ The claimant does owe adjudicated unpaid penalties, fines, fees, victim restitution fund or other judgments in excess of \$200 to the State, its agency, officer or subdivision.

- a. Nature and amount of monies owed:
- b. Case Style and Tribunal:

Please accept this letter as notification of our attorney's fee lien on any and all proceeds recovered in this matter.

Very truly yours,

  
Brian S. Pearl, Esquire

cc:

Florida Dept. of Financial Services  
City of Lauderhill Risk Management

THOMAS & PEARL, P.A.  
2404 N.E. 9th Street  
Fort Lauderdale, FL 33304  
(954) 563-9225 - Broward  
(561) 832-0223 - Palm Beach  
(561) 276-8181 - Boca/Delray

**SOVEREIGN IMMUNITY NOTICE LETTER**

City of Lauderhill Risk Management  
5581 W. Oakland Park Blvd.  
Lauderhill, FL 33313

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Description of Injuries: RIGHT KNEE AND BACK

SEE FURTHER DESCRIPTION ADDENDUM

(Check if applicable) \_\_\_\_\_ Incident Details Attached  
\_\_\_\_\_ Accident Report Attached  
\_\_\_\_\_ Medical Records Attached  
 Photographs attached

Pursuant to F.S. 768.28(C), the claimant provides the following:

Date of Birth: 7/22/1962

Place of Birth: MIAMI, FLORIDA

Social Security Number or Federal I.D. #: 262-47-3548

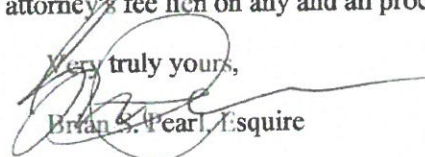
(Choose One)

The claimant does not owe any adjudicated unpaid penalties, fines, fees, victim restitution fund or other judgments in excess of \$200 to the State, its agency, officer or subdivision.

\_\_\_\_\_ The claimant does owe adjudicated unpaid penalties, fines, fees, victim restitution fund or other judgments in excess of \$200 to the State, its agency, officer or subdivision.

- a. Nature and amount of monies owed:
- b. Case Style and Tribunal:

Please accept this letter as notification of our attorney's fee lien on any and all proceeds recovered in this matter.

Very truly yours,  
  
Brian S. Pearl, Esquire

cc:

Florida Dept. of Financial Services  
Mayor Richard J. Kaplan

THOMAS & PEARL, P.A.  
2404 N.E. 9th Street  
Fort Lauderdale, FL 33304  
(954) 563-9225 - Broward  
(561) 832-0223 - Palm Beach  
(561) 276-8181 - Boca/Delray

**SOVEREIGN IMMUNITY NOTICE LETTER**

Florida Dept. of Financial Services  
200 East Gaines St.  
Tallahassee, FL 32399

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

DATE: 1/12/2017

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Description of Injuries: RIGHT KNEE AND BACK

SEE FURTHER DESCRIPTION ADDENDUM

(Check if applicable)

\_\_\_\_\_ Incident Details Attached  
\_\_\_\_\_ Accident Report Attached  
\_\_\_\_\_ Medical Records Attached  
  X   Photographs attached

Pursuant to F.S. 768.28(C), the claimant provides the following:

Date of Birth: 7/22/1962

Place of Birth: MIAMI, FLORIDA

Social Security Number or Federal I.D. #: 262-47-3548

(Choose One)

  X   The claimant does not owe any adjudicated unpaid penalties, fines, fees, victim restitution fund or other judgments in excess of \$200 to the State, its agency, officer or subdivision.

\_\_\_\_\_ The claimant does owe adjudicated unpaid penalties, fines, fees, victim restitution fund or other judgments in excess of \$200 to the State, its agency, officer or subdivision.

- a. Nature and amount of monies owed:
- b. Case Style and Tribunal:

Please accept this letter as notification of our attorney's fee lien on any and all proceeds recovered in this matter.

Very truly yours,

  
Brian S. Pearl, Esquire

cc:

City of Lauderhill Risk Management  
Mayor Richard J. Kaplan

