Approval Re: Approval of Proposed Settlement in Conchetta Mobley v. City of Sarasota to compensate Ms. Mobley for personal injuries sustained in an auto accident caused by the negligence of a city employee in the operation of a city-owned motor vehicle.

EXPLANATION: (see next page for additional explanation)

On March 25, 2018, Conchetta Mobley was traveling southbound on North Orange Avenue when a northbound SPD patrol vehicle crossed the double-yellow line and crashed head-on into her vehicle. The SPD patrol vehicle was driven by an on-duty police officer responding to a call, but the vehicle was not operating in emergency mode. The officer looked down at his computer as he was negotiating a curve and was unable to avoid the collision as his vehicle traveled into the oncoming lane of traffic. Ms. Mobley's air bags deployed as a result of the crash and her vehicle was a total loss. Ms. Mobley experienced pain on scene and had a hematoma on her forehead. She was transported by ambulance to Sarasota Memorial Hospital (SMH).

ADMINISTRATION'S RECOMMENDATION:

Motion to approve proposed settlement in the amount of $150,000.00.
ADDITIONAL EXPLANATION:

Ms. Mobley was discharged from SMH, and sought follow-up treatment due to severe pain. MRIs revealed the following: a fractured tibial plateau, torn anterior cruciate ligament (ACL), and torn medial meniscus of her right knee; bulging discs in her lumbar spine; and a full thickness tear of the supraspinatus tendon in her right shoulder. Prior to the accident, Ms. Mobley worked full-time as a Certified Nursing Assistant (CNA), but she was unable to return to work and subsequently lost her health insurance. Ms. Mobley has obtained medical opinions recommending both shoulder and knee surgery with follow-up physical therapy.

Ms. Mobley hired Attorney September Dramis and filed a Notice of Claim against the City of Sarasota. Attorney Dramis subsequently sent a demand package claiming damages for past and future medical expenses; past, continuing, and future wage loss; and pain and suffering. The City Attorney’s Office investigated the claim, reviewed police reports and medical records, and obtained witness statements. After extensive negotiations, the City Attorney’s Office agreed to present to the City Commission a proposed settlement in the amount of $150,000.00 at a public meeting. Given that no lawsuit has been filed, an attorney-client Shade meeting to discuss this matter is not possible. The City Attorney’s Office also consulted with both Risk Management and outside counsel, who concurred with the appropriateness of the settlement amount. In an effort to reduce legal fees and costs associated with litigation, it is recommended that the City accept Ms. Mobley’s offer to settle the claim for $150,000.00.

ADDITIONAL ADMIN RECOMMENDATION:

FUNDING SOURCE:  
AMOUNT:

<table>
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<th>HOUSING IMPACT (Per House):</th>
<th>NEW CONSTRUCTION:</th>
<th>REHABILITATION:</th>
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SUPPORT DEPARTMENTS:

City Auditor and Clerk - Shayla Griggs  
City Manager - Thomas Barwin  
Police - Bernadette DiPino  
City Attorney - Robert Fournier  
Human Resources - Stacie Mason
AGENDA REQUEST

AGENDA DISPOSITION

COMMISSION ACTION:
Final Action Motion:

Motion By: __________________________ Second By: __________________________

Vote: ______________________________
## State of Florida Traffic Crash

### Long Form [ ] Short Form [ ] Update [ ]

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

**CRASH DATE:** 03/25/2018 11:22 PM
**DATE OF REPORT:** 03/25/2018
**REPORTING AGENCY CASE NUMBER:** 18-019097
**HSMV CRASH REPORT NUMBER:** 87402242

**CRASH LOCATIONS:**
- **COUNTY CODE:** 16
- **CITY CODE:** 50
- **LOCATIONS:** SARASOTA
- **PLACE OR CITY OF CRASH:** FL 32399-0537

**TIME ON SCENE:** 11:29 PM
**TIME CLEARED SCENE:** 1:00 AM

**REASON OF INVESTIGATION (NOT COMPLETE):**
- Notified by: 1 Motorist
- 1 Law Enforcement

### Crash Information (Choose Only 1 of 4 Options)

- **NUMBER OF CRASHES:** 1
- **TOTAL # OF VEHICLE SECTION(S):** 2
- **TOTAL # OF PERSON SECTION(S):** 2
- **TOTAL # OF NARRATIVE SECTION(S):** 2

**CRASH OCCURRED ON STREET, ROAD, HIGHWAY:**
- **OR FROM MILEPOST #:** 35TH
- **AT STREET ADDRESS #:** 1616 36TH ST
- **AT LATITUDE AND LONGITUDE:**

**Road System Identifier:**
- **5:** 1 Interstate
- **3:** 2 U.S.
- **3:** 3 State
- **6:** 4 Tunnel/Alligator
- **7:** 7 Forest Road
- **8:** 8 Private Roadway
- **9:** 9 Parking Lot
- **77:** 77 Other, Explain In Narrative

**Type of Shoulder:**
- **3:** 1 Paved
- **2:** 2 Unpaved
- **3:** 3 Curb

**Type of Intersection:**
- **1:** 1 Not at Intersection
- **2:** 2 Four Way Intersection
- **3:** 3 T Intersection
- **4:** 4 Y Intersection

**Manner of Collision/Impact:**
- **2:** 1 Front to Rear
- **2:** 2 Front to Front
- **3:** 3 Angle

**Light Condition:**
- **4:** 1 Daylight
- **2:** 2 Dark
- **3:** 3 Dawn
- **4:** 4 Dusk
- **5:** 5 Dark Not Lighted
- **6:** 6 Dark Unknown
- **77:** 77 Other, Explain In Narrative

**Weather Condition:**
- **1:** 1 Clear
- **2:** 2 Cloudy
- **3:** 3 Rain
- **4:** 4 Fog, Smog, Smoke
- **5:** 5 Sleet
- **6:** 6 Snow
- **7:** 7 Freezing Rain
- **8:** 8 Blowing Sand, Dune
- **9:** 9 Dust

**Roadway Surface Condition:**
- **1:** 1 Dry
- **2:** 2 Wet
- **3:** 3 Ice/Frost
- **4:** 4 Mud, Dirt, Gravel
- **5:** 5 Sand
- **6:** 6 Water (standing/moving)
- **7:** 7 Snow

**Collision (Check If Pictures Taken):**
- **3:** 1 Collision or Collision
- **1:** 2 Collision Between
- **1:** 3 Collision Inside
- **1:** 4 Collision Outside

**First Harmful Event:**
- **14:** 1 Overtaking/Rear Ending
- **1:** 2 Rear Ended
- **1:** 3 Jackknife
- **1:** 4 Fall/Flip/Exlosion

**Contributing Circumstances: Road:**
- **9:** 9 Worn, Travel Polished Surface
- **10:** 10 Road Surface Condition (wet, icy, snow, slush, etc.)
- **11:** 11 Obstruction in Road/Weeds
- **12:** 12 Debris
- **13:** 13 Traffic Control Device (missing, incomplete)
- **14:** 14 Non Highway Work
- **15:** 15 Other, Explain In Narrative

**Contributing Circumstances: Environment:**
- **1:** 1 None
- **2:** 2 Weather Conditions
- **3:** 3 Physical Obstruction(s)

**Work Zone Related:**
- **1:** 1 Before the First Work Zone
- **2:** 2 Warning Sign
- **3:** 3 Transition Area
- **4:** 4 Activity Area
- **5:** 5 Termination Area

**WITNESSES:**

- **NAME:** SELMA ALLEN
- **ADDRESS:** 1616 36TH ST
- **CITY & STATE:** SARASOTA FL
- **ZIP CODE:** 34234
- **TELEPHONE:** 941-757-6211

**NON VEHICLE PROPERTY DAMAGE:**

- **VEHICLE # PERSON # PROPERTY DAMAGE - OTHER THAN VEHICLE**
- **EST. AMOUNT:**
- **OWNER’S NAME (CHECK IF BUSINESS):**
- **ADDRESS:**
- **CITY & STATE:**
- **ZIP CODE:**

**Check Box:**
- **1:** 1 Page 1 of 7
### PERSON

- **Driver**: 1
- **Non Motorist**: 2
- **Passenger**: 3

**Name**: CONCETTA D MOBLEY

**Current Address**: 1945 33RD ST

**State**: FL

**ZIP Code**: 34234

**Date of Birth**: 11/09/1966

**Driver License Number**: M140104669090

**State Expire**: FL 11/2019

**Place of Incident**: SARASOTA, FL

**Report Number**: 18-019097

**HSMV Crash Report Number**: 87402242

**Phone Number**: 941-536-7695

### DRIVER

**DR Type**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
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**Required endorsements**

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**Driver Distracted By**

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<tr>
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</table>

**Driver Vision Obstructions**

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<tr>
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</table>

**Driver Actions at Time of Crash**

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<tbody>
<tr>
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</table>

**Condition At Time of Crash**

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### Motor Vehicle Seating Position:

<table>
<thead>
<tr>
<th>Seat Position</th>
<th>Location (Loc)</th>
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<tbody>
<tr>
<td>1 Left</td>
<td>Front</td>
</tr>
<tr>
<td>2 Middle</td>
<td>2nd</td>
</tr>
<tr>
<td>3 Right</td>
<td>3rd</td>
</tr>
</tbody>
</table>

**Non-Motorist Description**

- 1 Pedestrian
- 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.)
- 3 Cyclist
- 4 Other

**Non-Motorist Location at Time of Crash**

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
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<tr>
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</table>

**Non-Motorist Actions/Circumstances**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
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<th>4</th>
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<tr>
<td>1</td>
<td>2</td>
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</table>

### Safety Equipment

- 1 None
- 2 Helmet
- 3 Protective Pads Used (elbow, knee, shin, etc.)
- 4 Reflective Clothing (pocket, backpack, etc.)

**Helmet Use**

- 1 DOT Compliant
- 2 Other
- 3 No Helmet

**Eye Protection**

- 1 No
- 2 Yes
- 3 NA

**Restraint Systems**

- 1 Not Applicable (non-motorist)
- 2 None Used - Motor Vehicle Occupant
- 3 Shoulder and Lap Belt Used
- 4 Shoulder Belt Only Used
- 5 Lap Belt Only Used
- 6 Restraint Used - Type Unknown
- 7 Child Restraint System - Forward Facing
- 8 Child Restraint System - Rear Facing
- 9 Booster Seat
- 10 Child Restraint Type Unknown
- 11 Other

**Air Bag Deployed**

- 1 Not Deployed
- 2 Deployed, Totally
- 3 Deployed, Partially
- 4 Not Applicable
- 5 Deployed-Other
- 6 Deployed-Curtain
- 7 Deployed-Delay
- 8 Deployed-Side
- 9 Deployed-Curtain
- 10 Deployed-Other

**Action Prior to Crash**

- 1 Crossing Roadway
- 2 Walking/Cycling Across Roadway
- 3 Walking/Cycling Along Roadway
- 4 Walking/Cycling Against Traffic
- 5 Parking on Roadway
- 6 Spotted On Roadway
- 7 Entering/Exiting Parked/Standing Vehicle
- 8 Inattentive (talking, eating, etc.)
- 9 Inattentive (standing, playing, etc.)
- 10 Improper Turn/Merge
- 11 Improper Passing
- 12 Other

**ACLS/HDD/CEMS**

<table>
<thead>
<tr>
<th>Alcohol Use</th>
<th>Alcohol Test Type</th>
<th>Alcohol Test Result</th>
<th>BAC</th>
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<tbody>
<tr>
<td>1</td>
<td>Blood</td>
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**Suspected Alcohol Use**

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</table>

### Source of Transport to Medical Facility

- 1 Not Transported
- 2 EMS
- 3 Law Enforcement

**EMS Agency Name and ID**: Sarasota County Fire Dept.

**EMS Run Number**: F18-16239

**Medical Facility Transferred to**: Sarasota Memorial Hospital

### ADDITIONAL PASSENGERS

<table>
<thead>
<tr>
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<tbody>
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<tr>
<td>VEHICLE #</td>
<td>Check if Commercial</td>
<td>REPORTING AGENCY CASE NUMBER</td>
<td>HSMV CRASH REPORT NUMBER</td>
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<td>18-019097</td>
<td>87402242</td>
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</tbody>
</table>

**VEHICLE**
- 1 Vehicle in Transport
- 2 Parked Motor Vehicle
- 3 Working Vehicle

**VEHICLE LICENSE NUMBER**
- XB2707

**MAKE**
- CHEV

**MODEL**
- TAHOE

**STYLE**
- 4X4

**COLOR**
- SELF-INSURED

**YEAR**
- 2016

**STATE**
- FL

**REGISTRATION EXPIRES**
- Check if Permanent Registration

**INSURANCE COMPANY (Driver)**
- 1GNLDCDEC1GR3538S5

**INSURANCE POLICY NUMBER**
- SELF-INSURED

**NAME OF VEHICLE OWNER (Check if Business)**
- 

**CURRENT ADDRESS**
- CITY & STATE

**TRAILER # LICENSE NUMBER**
- STATE
- REGISTRATION EXPIRES
- Check if Permanent Registration

**TRAILER # LICENSE NUMBER**
- STATE
- REGISTRATION EXPIRES
- Check if Permanent Registration

**VEHICLE**

**TRAVELING ON STREET, ROAD, HIGHWAY**
- ORANGE AVE. N/S

**HAZ. MAT. RELEASED**
- 1 No
- 2 Yes
- 3 Unknown

**HAZ. MAT. NUMBER**
- 1 No
- 2 Yes
- 3 Unknown

**HAZ. MAT. CLASS**
- 1 No
- 2 Yes
- 3 Unknown

**HAZ. MAT. RELEASED**
- 1 No
- 2 Yes
- 3 Unknown

**HAZ. MAT. NUMBER**
- 1 No
- 2 Yes
- 3 Unknown

**HAZ. MAT. CLASS**
- 1 No
- 2 Yes
- 3 Unknown

**Area of Initial Impact**
- 1 Undercarriage
- 2 Overturn
- 3 Skid
- 4 Total Loss
- 5 Roll Away
- 6 Highway Shoulder
- 7 Median
- 8 Side Road
- 9 Shoulder
- 10 Guardrail
- 11 Median Guardrail
- 12 Guardrail Post
- 13 Guardrail End
- 14 Intersection
- 15 Roadway
- 16 Other

**Most Harmful Event**
- 1 Collision
- 2 Non-Collision

**Number of Fatalities**
- 1

**Sequence of Events**
- 1st
- 2nd
- 3rd
- 4th

**Roadway Grade**
- 1 Level
- 2 Hillcrest
- 3 Uphill
- 4 Downhill
- 5 Sag (bottom)

**Roadway Alignment**
- 1 Straight
- 2 Curve Right
- 3 Curve Left

**Special Function of Motor Vehicle**
- 1 Ambulance
- 2 Fire Truck
- 3 Police

**Traffic Control Device For This Vehicle**
- 1 Flashing Signal
- 2 Railroad Crossing
- 3 School Zone
- 4 Police Presence

**Traffic Violation**
- 1 Speeding
- 2 Speeding
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**Person #**

**NAME OF VIOLATOR**
- 

**FL STATUTE NUMBER**
- 

**CHARGE**
- 

**COLLISION NUMBER**
- 

**Person #**

**NAME OF VIOLATOR**
- 

**FL STATUTE NUMBER**
- 

**CHARGE**
- 

**COLLISION NUMBER**
- 

**Person #**

**NAME OF VIOLATOR**
- 

**FL STATUTE NUMBER**
- 

**CHARGE**
- 

**COLLISION NUMBER**
- 

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5 of 13

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**HSMV 90010 S (V/P) (rev 10/10)**

**Page 4 of 7**
Page 5 of 13

HSMV 90010 S (V/P) (rev 10/10)
On 3/25/2018 at approximately 2323 hours, V1 was traveling SB on N. Orange Ave. when it was struck by V2. V2, a marked SPD patrol unit, was traveling NB on N. Orange Ave. when it failed to properly negotiate the curve and crossed over into the SB lane.

The driver and passenger of V2 (both uniformed patrol officers) were uninjured and went to assist the other driver. The driver of V1 advised she was experiencing neck pain and had a minor hematoma on the left side of her forehead. Rescue responded to evaluate her and she was transported to Sarasota Memorial Hospital for further treatment at her request.

The driver of V1 stated she did see V2 approaching until it crossed over into her lane and she did not have time to react. She said she could not recall any other details of the crash. The driver of V2, Officer Mikluscak, advised he was responding as back-up for another officer on a call, but was not operating the vehicle in emergency mode. He looked down at his computer briefly as the vehicle initiated the curve and as he looked up, he noticed the other vehicle, and applied his brakes. Officer Mikluscak stated he was unable to avoid collision due to the brakes locking and sending the patrol vehicle into a slide.

V1 sustained considerable damage to the front bumper/hood and airbag deployment. V2 had minor damage to the front bumper/grill and also had airbag deployment. Both vehicles were towed from the scene. I went to the hospital to follow up with the driver of V1 and provided her with a driver's exchange form.

Nothing further at this time.
August 21, 2018

Via Certified Mail No. 7017 0660 0000 7287 6638
Return Receipt Requested

Via email: judith.dubreuil@sarasotafl.gov
Risk Manager
City of Sarasota
Attention: Judy Dubreuil
111 S. Orange Avenue, Room 207
Sarasota, FL 34236

Re: Your Insured: City of Sarasota, Florida
Our Client: Conchetta Mobley
DOB: [redacted]
Date of Car Accident: March 25, 2018

Dear Ms. Dubreuil:

We represent Conchetta Mobley who is making a claim against your insured as a result of an automobile accident occurring on March 25, 2018.

Enclosed please find our Settlement Demand Package for the above-referenced claim. Within thirty (30) days from receipt of this correspondence, please tender your insured’s policy limits. We expect said tender in thirty (30) days.

As always, should you require further information, please feel free to contact my office.

Thank you for your kind and thoughtful attention to this matter.

Sincerely,

BAND, GATES & DRAMIS, P.L.

/s/ September L. Dramis
(signed in her absence to avoid delay in mailing)
September L. Dramis, Esquire

cc: Joe Mladinich, Esquire / City Attorney
SETTLEMENT DEMAND PACKAGE

LIABILITY: On March 25, 2018 your employee, Zachary Mikluscak, while operating a Sarasota Police Department patrol car, crashed head on into my client’s vehicle. Your employee was traveling at an excessive rate of speed which made him incapable of maneuvering the upcoming curve, was not paying attention to traffic conditions as he admitted to looking down at his computer, and altogether negligent in the operation of his patrol car. He admitted to the officer investigating the accident his vehicle was not operating in emergency mode. This substantial crash caused my client, Conchetta Mobley, severe and permanent injuries as a result of this negligence. There was nothing my client could have done to avoid the accident. She was a restrained driver and as such there is no issue as to comparative negligence.

DAMAGES: My client’s vehicle sustained significant property damage as a result of your employee’s negligence. Both vehicles had to be towed from the scene. My client was transported by ambulance to Sarasota Memorial Hospital. Attached hereto as Exhibit 1 are copies of the records from Sarasota County and Fire. While at the hospital she complained of headache, and pain below the right knee primarily. She was X-rayed and given a CT Scan of the brain. Attached hereto as Exhibit 2 are copies of records from SMH.

My client next sought treatment at Manasota Accident and Injury Center on March 26, 2018 with complaints of head, neck, mid back, low back, right leg, right shoulder and chest pain. She was started on conservative treatment measures until the constant complaints of pain indicated to her physicians that MRIs were in order. Attached hereto as Exhibit 3 are copies of records from Manasota Accident and Injury Center.

On April 11, 2018 my client presented to Bowes Imaging Center for a lumbar MRI. Attached hereto as Exhibit 4 is the report from said MRI showing positive findings. My client’s knee and shoulder continued to give her problems so on May 18, 2018 she presented again to Bowes Imaging for an MRI of the right knee and shoulder. The MRI of the knee indeed confirmed a fracture of the lateral tibial plateau with extensive intramedullary edema. The MRI of the shoulder revealed a focal full thickness tear, of the supraspinatus tendon with joint and bursal fluid collection present; hypertrophy of the acromioclavicular joint with suspected impingement. Attached hereto as Exhibit 5 are the reports from said MRIs.

Due to these significant findings on MRI my client was referred to Florida Surgery Consultants on June 13, 2018. After an examination of the patient, a review of her medical records as well as the MRI films, the surgeons recommended surgery for her shoulder and knee injuries. The plan is to perform the shoulder surgery first. Three months post-operative she will undergo the knee surgery. Costs for these procedures are significant. The estimate for the shoulder surgery is $75,000.00 to $85,000.00 and the estimate for the knee surgery is $55,000.00 to $65,000.00. Attached hereto as Exhibit 6 is a copy of records from Florida Surgery Consultants including estimates for the two proposed surgeries.

My client underwent a second course of physical therapy at Professional Physical Therapy. Attached hereto as Exhibit 7 is a copy of records from same.
MEDICAL SPECIALS

<table>
<thead>
<tr>
<th>Medical Specials</th>
<th>Total Billed</th>
<th>Due &amp; Owing</th>
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<tbody>
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<td>$395.71</td>
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<tr>
<td>Sarasota Memorial Hospital</td>
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<td>$500.00</td>
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<td>$8,148.77</td>
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<td><strong>TOTALS</strong></td>
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</table>

At the time of the accident my client was insured under a group health policy with Aetna. We will provide an updated lien upon our receipt of same.

My client has been employed at Genesis-Springwood Center where she is employed as a Certified Nursing Assistant full time as of September 10, 2001. Her current rate of pay is $15.57 per hour with a $2.50 shift differential plus a $2.00 weekend differential for working 3:00 to 11:30 PM. She has been on a leave of absence since April 2, 2018. My client also works at Heartland Healthcare and Rehabilitation Center as a full time Certified Nursing Assistant since June 8, 2009 at a pay rate of $14.31 per hour. Attached hereto as Exhibit 8 are letters from my client’s employers. My client continues to remain out of work due to the negligence of your employee. She was the prime breadwinner of the family at the time of this accident. She has unimaginable stress as a result of not being able to provide for her family.

My client has been drastically affected by the accident of March 25, 2018. She can no longer lift up her right arm to pick up her grandchildren and cannot even do her own hair. She cannot stand or walk for any significant length of time without experiencing pain. She has always been self-sufficient and now stays in bed and in pain and has to rely on others to help with everyday tasks.

As you can see the medical expense ALONE from this incident surpass your limits. When one adds the past and future wage loss claim (as my client will lose even more time from work due to surgeries) as well as her loss of enjoyment of life in the past and well into the future, your limits are more than exceeded. As such we demand a complete tender of your limits within thirty (30) days from the date of this demand.
Via E-Mail: joe.mladinich@sarasotagov.com; Melanie.marken@sarasotagov.com
Joseph C. Mladinich, Esquire
Fournier, Connolly, Warren & Shamsey, P. A.
1 S. School Ave., Suite 700
Sarasota, FL 34237

Re: Your Insured: City of Sarasota, Florida
Our Client: Conchetta Mobley
DOB: 11-09-1966
SS#: [Redacted]
Date of Car Accident: March 25, 2018

Dear Joe:

Since the demand of August 21, 2018, my client continues to remain unemployed. Before this accident she was a hard working productive member of society. Mrs. Mobley always held down two jobs at one time, frequently going directly from one job to the next in a day's time. As you are aware her jobs were in the healthcare field/Certified Nursing Assistant, requiring her to utilize the very body parts injured in this accident. We have already presented you with the proof of her job terminations. At the time of the accident she was employed as follows:

Genesis-Springwood Center full time at rate of pay/$15.47 per hour.

HCR ManorCare-Heartland Healthcare & Rehabilitation Center
full time at rate of pay/$14.31.

She is still losing approximately $180.00 a day (approx.$15 per hour for approx. 12 hour day).

Until she is able to proceed with the surgeries outlined by her doctors, she will remain unemployed as there is only one occupational line for which she is qualified and has experience. Resulting from this unemployment, my client lost her health insurance and was/remains unable to pay for the suggested surgeries. She did look into AFLAC, however it too was unaffordable.
As you can see the ramifications to my client, because of your agent’s careless driving, are constant and continuing. Once paid, she will have the surgeries which as you can imagine require much down time and rehabilitation. It remains unknown when she will be able to return to gainful employment. Being gainfully employed was something of great importance to my client. She remains in constant pain and is consequently depressed and anxious at being unable to work.

We trust the City will see fit to at long last compensate her for this ordeal. As we know the amount being offered will be just enough to cover her suggested medical journey and won’t even begin to compensate her for her past, continuing and future wage loss, nor her pain, suffering and anxiety endured as a result of the accident.

Sincerely,

BAND, GATES & DRAMIS, P. L.

/s/ September L. Dramis
(signed in her absence to avoid delay in mailing)

September L. Dramis