

RESOLUTION 92-85

WHEREAS the General Fund has received insurance proceeds from ITT Hartford for damage caused to a Maintenance Department truck by Jeanne Gibbs.

WHEREAS these revenues were not anticipated in the 1991/92 budget for the General Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 9th day of March, 1992, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

001-364-420-101 Insurance Proceeds \$ 217


APROPRIATION

001-070-46-101 Repairs & Maintenance \$ 217

ADOPTED this 9th day of March, 1992.

ATTEST:


EX-OFFICIO CLERK


CHAIRMAN

02-85

001-970-46-101
001-264-420-10

Claim Number			Named Insured/Obligee		
387	AP	53186	GIBBS, JOHN R & JEANNE M		
Policy Number			Claimant/Principal Name		
55	PH	618344	NASSAU COUNTY		
Issue Date		Issue Off. Code	Nature of Payment		Number
021492		750	PROPERTY DMG SETTLEMENT		148120125
Type Pay	Oper. I.D.	A.L.	Key File Claim Number	Loss Date	Agency Name
F	RB0746			010992	ALEXANDER & ALEXANDESOUTHINGTON CT

51-57
119
CT-1-3 P



HARTFORD

PAY
TWO HUNDRED SEVENTEEN AND NO/100

DOLLARS

*****217.00*

Connecticut Bank & Trust, Co.

TR
 TO THE ORDER OF
 NASSAU COUNTY
 BOARD OF COUNTY COMMISSIONERS
 ATTN CINDY GREENE
 PO BOX 1010
 FERNANDINA BCH FL 32034

Brian E. [Signature]
 Authorized Signature
 Issuing Office Name: FLIC

⑈ 148120125⑈ ⑆ 011900571⑆ 133500 6⑈



NASSAU COUNTY
BOARD OF COUNTY COMMISSIONERS
P.O. Box 1010
Fernandina Beach, Florida 32034

Jim B. Higginbotham Dist. No. 1 Fernandina Beach
John A. Crawford Dist. No. 2 Fernandina Beach
Tom Branan Dist. No. 3 Yulee
James E. Testone Dist. No. 4 Hilliard
Jimmy L. Higginbotham Dist. No. 5 Callahan

T.J. "Jerry" GREESON
Ex-Officio Clerk

MICHAEL S. MULLIN
County Attorney

February 4, 1992

Ms. Mary Houghtaling
Hartford Insurance Company
Post Office Box 2950
Hartford Ct. 06104

Re: MVA of January 9, 1992
Insured - John R. Gibbs

Dear Mary,

Pursuant to our telephone conversation of today, I have enclosed the original estimates we discussed for the repair of our 1990 GMC truck.

Payment should be made to the Nassau County Board of County Commissioners, Attention Cindy Greene, Post Office Box 1010, Fernandina Beach Florida 32034.

Should you need any additional information regarding this accident, please do not hesitate to contact me at (904) 261-8502.

Sincerely,

Cindy Greene, Deputy Clerk
Payroll/Insurance Department

enclosures

CMG/

(904) 261-5489 Board Room; 261-6127, 879-1029, 355-6275

An Affirmative Action / Equal Opportunity Employer

LAW ENFORCEMENT SHORT FORM REPORT

2 DRIVER'S REPORT OF TRAFFIC CRASH

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 01/09/92	TIME OF CRASH 1:53 PM	TIME OFFICER NOTIFIED 1:53 PM	TIME OFFICER ARRIVED 2:00 PM	INVEST. AGENCY REPORT NUMBER 92000351	HSMV CRASH REPORT NUMBER 837268697
COUNTY/CITY CODE 41/90	Feet or Miles <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles		N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Of FERNANDINA BCH		COUNTY NASSAU
AT NODE NO.	1 <input type="checkbox"/> 2 <input type="checkbox"/>	FROM NODE NO.	NEXT NODE NO. ON ROAD	NO. OF LANES	1 <input type="checkbox"/> DIVIDED 2 <input checked="" type="checkbox"/> UNDIVIDED
ON STREET, ROAD OR HIGHWAY			NASSAU C/ AMER PARKING LOT		
AT INTERSECTION OF			1 <input type="checkbox"/> 2 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		
OR			FEET/MILES		

Section 1

Motor Vehicle/Bicyclist	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER				
	89	FORD	CAR	HW-64E	FL	92	1LNLM984XK4760630				
Pedestrian	Check Areas of Vehicle Damage	Front	R./Front	L./Front	R./Side	L./Side	Rear	R./Rear	L./Rear	INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NO.
										WATFORD INS OF MIDWEST	35PH0834901389
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	JOHN R. GIBBS			8 LIVE OAK		FERNANDINA BCH FL		32031			
	DRIVER (Exactly as on Driver's License)/PEDESTRIAN			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	JEAN DEHLER			GIBBS 8 LIVE OAK		FERNANDINA BCH FL		32034			
	DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DATE OF BIRTH	Race	Sex	EST. AMOUNT OF DAMAGE				
	6120 464 27 513	FL	OPER	01/13/27	W	F	\$100.00				
	DRIVER/PEDESTRIAN BUSINESS PHONE (Area Code)	DRIVER/PEDESTRIAN HOME PHONE (Area Code)	VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other						
	NONE		904 261-9859								
	PASSENGER'S NAME			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	NONE										
	PASSENGER'S NAME			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	NONE										

Section 2

Motor Vehicle/Bicyclist	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER				
	90	FORD	TRUCK	D350	FL	92	16TDC14H1LE513761				
Pedestrian	Check Areas of Vehicle Damage	Front	R./Front	L./Front	R./Side	L./Side	Rear	R./Rear	L./Rear	INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NO.
										JOHN T FERREIRA	85021-20203511
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	NASSAU CO. MAINTENANCE DEPT.										
	DRIVER (Exactly as on Driver's License)/PEDESTRIAN			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	NO DRIVER - PROPERLY PARKED										
	DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DATE OF BIRTH	Race	Sex	EST. AMOUNT OF DAMAGE				
	DRIVER/PEDESTRIAN BUSINESS PHONE (Area Code)	DRIVER/PEDESTRIAN HOME PHONE (Area Code)	VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other						
	NONE										
	PASSENGER'S NAME			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	NONE										
	PASSENGER'S NAME			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	NONE										

Section 3

Motor Vehicle/Bicyclist	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER				
Pedestrian	Check Areas of Vehicle Damage	Front	R./Front	L./Front	R./Side	L./Side	Rear	R./Rear	L./Rear	INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NO.
	OWNER'S FULL NAME (Check if Same as Driver <input type="checkbox"/>)			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	DRIVER (Exactly as on Driver's License)/PEDESTRIAN			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DATE OF BIRTH	Race	Sex	EST. AMOUNT OF DAMAGE				
	DRIVER/PEDESTRIAN BUSINESS PHONE (Area Code)	DRIVER/PEDESTRIAN HOME PHONE (Area Code)	VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other						
	PASSENGER'S NAME			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			
	PASSENGER'S NAME			ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE			

PROPERTY DAMAGED Other than vehicles	EST. AMOUNT OF DAMAGE	OWNER Name	ADDRESS-Number and Street	City/State/Zip
NONE				
WITNESSES other than PASSENGERS	NAME	ADDRESS-Number and Street	City/State/Zip	
	NONE			
RANK AND SIGNATURE OF RESPONDING/INVESTIGATING OFFICER	LD / BADGE NO	DEPARTMENT	1 <input type="checkbox"/> FHP 3 <input checked="" type="checkbox"/> CPD 2 <input type="checkbox"/> SO 4 <input type="checkbox"/> OTHER	
	27	FERNANDINA BCH		

Section 316.066(1), Florida Statutes, requires that "the driver of a vehicle which is in any manner involved in an accident resulting in bodily injury to or death of any person or total damage to all property to an apparent extent of \$100 or more shall, within 5 days after the accident, forward a written report of such accident to the Department. However, when the investigating officer has made a written report of the accident, no written report need be forwarded to the Department by the driver."

IF YOU WERE TOLD TO COMPLETE AND FORWARD THIS REPORT TO THE DEPARTMENT, PLEASE REFER TO THE FOLLOWING INSTRUCTIONS AND EXAMPLE PRIOR TO DOING SO.

PLEASE: • *Print clearly and fill in all shaded areas.*

EXAMPLE:

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER	
	01/01/85	11:30					
	COUNTY/CITY CODE	CITY OR TOWN (Check if in City or Town)		COUNTY			
AT NODE NO.	FROM NODE NO.		NEXT NODE NO. ON ROAD	NO. OF LANES	1 <input type="checkbox"/> DIVIDED 2 <input type="checkbox"/> UNDIVIDED		
AT INTERSECTION OF	OR		OF INTERSECTION OF				
Section 1 Motor Vehicle/Bicyclist Pedestrian	YEAR	MAKE	TYPE (car, truck, bicycle, etc.)	VEHICLE LICENSE TAG NO.	STATE	YEAR	VEHICLE IDENTIFICATION NUMBER
	80	Ford	car	ABC-123	FL	85	
	Check Areas of Vehicle Damage	INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NO.			
	OWNER'S FULL NAME (Check if Same as Driver)	ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE		
	DRIVER (Exactly as on Driver's License)/PEDESTRIAN	ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE		
	DRIVER'S LICENSE NUMBER	STATE	LIC. TYPE	DATE OF BIRTH	Race	Sex	EST. AMOUNT OF DAMAGE
	DRIVER/PEDESTRIAN BUSINESS (PHONE Area Code)	DRIVER/PEDESTRIAN HOME (PHONE Area Code)					
	PASSENGER'S NAME	ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE		
	PASSENGER'S NAME	ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE		

WITNESSES other than PASSENGERS	NAME	ADDRESS-Number and Street	City/State/Zip
	John Smith	100 8th Ave South	St. Petersburg, FL 33711
	Bill Smith	100 8th Ave South	St. Petersburg, FL 33711
RANK AND SIGNATURE OF RESPONDING/INVESTIGATING OFFICER	ID/BADGE NO.	DEPARTMENT	
Cpl. Mike Jones	4001	St. Petersburg	

- Keep a copy of this report for your records and for insurance purposes.
- Sign the report.
- Mail this report to:

Department of Highway Safety & Motor Vehicles
Traffic Crash Records
Tallahassee, Florida 32399

Investigating Officer, please check if a traffic ticket was issued to the driver of any vehicle.	Vehicle 1	Vehicle 2	Vehicle 3
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature of Driver Making Report: _____

