

AP - Veh.# 08295 - Warner, Don / Myers, William

ENTERED ON: 4/13/2014
BY: [Signature]

LX_HS_TPA	6561
Incident #	00005366
Incdnt Dt	4/2/2014
Incdt Time	12:00:00 PM
Time Zone	PST
Type	Veh Acdnt
Recurrnce	N
Reslt Inj	N
Invest	N
Date Reptd	4/2/2014
Time Reptd	7:56:00 PM
Report To	018367
Name	Clay,Robert A
Report By	042304
Name	Warner,Donald
Non-Empl	
Descr	
On Premise	Y
Location Descr	
Exact Loc	
ID	
Name 2	Warner,Donald
Non-EmplID	00000001280 Myers, William
Role	Driver
Confirm	
Responsible	Y
Drug Influence	N
Drug Class	

Per the SP-302 forwarded by Robert Clay (SLM - Superintendent), while waiting for the light to change at the intersection of E. New Circle Ramp and Richmond Rd, Don Warner (LFUCG Vactor Veh.8295 - see police report Unit #2) pulled into the intersection and was struck by a 2007 Silver Cadillac (Unit #1-see police report), driven by William Myers. According to Mr. Warner, as well as the witness statement, the 2007 Silver Cadillac ran the red light, causing damage to both vehicles. Damages Include: 2007 Silver Cadillac Deville - right headlight,right fender,right wheel, right door, windshield, and the roof. 2008 International - damage to entire bumper and mounting brackets, as well as the rodder hose reel assembly.

RAMP AT E.NEW CIRCLE & RICHMOND RD
LEXINGTON, KY 40505

Trustworthy
Answer Question
Comment
Descr
Injured Emplid
Empl Rcd#
Name 3
Unit
Dept
JobCd Desc
Location
Inj/Ill
Treatment
Occ. Illness
Comments
Statement
Body Parts
Nature of Inj.
Injury Source
Accident Type
Unsafe Act
Type
Care Type
Days Away
Restricted

N

N

Robert Clay

0

Richardson, Roger - Witness

0

0

AP Veh. # 08295 Warner, Dan / Myers, William

From: [Chelsea Smith](#)
To: [Frank H Mabson](#); Riskmgt Claims
Cc: [Lisa McFadden](#); [Robert Clay](#); [Rodney Chervus](#); [Melanie Adkisson](#)
Subject: RE: AP_Veh.No.08295 - 2007 Silver Cadillac
Date: Monday, April 07, 2014 9:44:04 AM

Claim has been received and set up in the system. Claim # is: 287508.

Thanks!

CHELSEA SMITH | Claims Administrator

RISK MANAGEMENT SERVICES CO. | An AssuredPartners Company
2211 River Road Louisville, KY 40206
P 502.708.3109 | F 502.326.5909 | csmith@rmsc.com

From: Frank H Mabson [<mailto:fmabson@lexingtonky.gov>]
Sent: Thursday, April 03, 2014 10:16 AM
To: claims@lexingtonky.gov; Emily Rausch; bbrown@rmsc.com
Cc: Chris Welch; Chelsea Smith; Lisa McFadden; Robert Clay; Rodney Chervus
Subject: AP_Veh.No.08295 - 2007 Silver Cadillac

Please see attached.

Thank you,

Frank H. Mabson Jr. | *Program Specialist*
Capacity Assurance Program | Division of Water Quality
Lexington-Fayette Urban County Government
125 Lisle Industrial Ave., | Lexington, Kentucky 40511
Phone: (859) 367-4942
Email: fmabson@lexingtonky.gov

6134-617
619-4319

From: [Melanie Adkisson](#)
To: [Frank H Mabson](#)
Subject: Approval for Claim Number: 287508 - Unit #8295
Date: Tuesday, May 13, 2014 3:55:58 PM
Attachments: [Jack Doheny Quote for #8295_Vactor.pdf](#)
[287508 872-405-0020 LFUCG.pdf](#)

I have approved claim number 287508 – Unit #8295 Struck by At-Fault POV. (Per Tom Sweeney’s email below)

Vendor Jack Doheny Companies \$48,496.08

Please use the following accounting.

Location	GL Unit	Fund	DeptID	Section	Account	Bud Ref	PC Business Unit	Project	Activity
0001	LFUCG	6021	160906	0001	73202	2014	LFUCG	CLAIMS 2014	CASUALTY_L

PLEASE INCLUDE CLAIM NUMBER ON DESCRIPTION LINE OF REQUISITION. Thank you!

From: Thomas Sweeney [mailto:tsweeney@lexingtonky.gov]
Sent: Tuesday, May 13, 2014 11:51 AM
To: Melanie Adkisson
Subject: RE: PDA ID: 872-405-0020-0 Claim Number: 287508 Owner: LFUCG

You have settlement authority to \$48,496.08.

Tom Sweeney, Claims Manager, Department of Law

From: Melanie Adkisson [mailto:madkisson@rmsc.com]
Sent: Tuesday, May 13, 2014 9:16 AM
To: Thomas Sweeney
Subject: FW: PDA ID: 872-405-0020-0 Claim Number: 287508 Owner: LFUCG

Tom,

Attached is the Agreed Estimate for Unit #8295 from David with PDA. As you can see there is only .01 difference in the price between PDA and the original estimate. Therefore; the \$48,496.08 estimate received from Jack Doheny Companies would be the amount to approve for settlement for this claim. Due to this amount being over my \$10,000.00 authority level, please review and advise if you approve settlement at this time? Thanks and have a great day.

Melanie Adkisson
P&C Claims Adjuster
Risk Management Services Co.
An AssuredPartners Company
P.O. Box 22989, Louisville, KY 40252
P: 502-708-3103
(F): 502-326-5909
Madkisson@rmsc.com

NCP Member Company
www.nationalclaimspro.com

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copies.

From: pdalexington@pdaorg.net [mailto:pdalexington@pdaorg.net]

Sent: Saturday, May 10, 2014 10:17 AM

To: Melanie Adkisson

Subject: PDA ID: 872-405-0020-0 Claim Number: 287508 Owner: LFUCG



**KENTUCKY UNIFORM POLICE
TRAFFIC COLLISION REPORT**

MASTER FILE #
71435908

INVESTIGATING AGENCY **LEXINGTON POLICE DEPARTMENT** AGENCY ORI NUMBER **0340200** LOCAL CODE **2014052406**

ROADWAY NAME **RICHMOND RD** PARKING LOT: **N** INTERSECTION WITH: **Y** BETWEEN STREETS: **N**
KY0004-E NEW CIRCLE RD **KY4 EXIT15 RAMP TO U RD E**

ROADWAY # US0025	DISTANCE FROM MILEPOINT	MILEPOINT # 10.735	INJURED 1	KILLED	# UNITS INVOLVED 2	HIT & RUN NO	ONE WAY NO	SPEED LIMIT 045 MPH
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IN CITY LIMITS? YES	LATITUDE DEG: 38 MIN: 0.719	COLLISION DATE AND TIME 04/02/2014 12:19
MILES FROM CITY	LONGITUDE DEG: 84 MIN: 27.467	

CITY/TOWN: 03402 - LEXINGTON	RAMP: NO	
COUNTY: 034 - FAYETTE	FROM:	DIR:
SECONDARY COLLISION: NO	MEDIAN CROSSOVER: NO	TO:
		DIR:

MANNER OF COLLISION 01 - ANGLE	LOCATION 1ST EVENT 03 - ON ROADWAY	TRAFFIC CONTROL 11 - STOP & GO SIGNAL
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ROADWAY TYPE 02 - FEDERAL	TOTAL LANES 4	ROADWAY CHARACTER 04 - STRAIGHT & GRADE	ROADWAY SURFACE 01 - ASPHALT	ROADWAY CONDITION 01 - DRY
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WEATHER 03 - CLOUDY	LIGHT CONDITION 02 - DAYLIGHT	LAND USE 01 - BUSINESS	SCHOOL BUS RELATED 03 - NOT APPLICABLE
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FIRST AID AT SCENE **NO** FIRST AID GIVEN BY

INJURED REMOVED TO
99999 - REFUSED TRANSPORT

EMS AGENCY AND RUN #	EMS AGENCY AND RUN #	EMS AGENCY AND RUN #
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NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
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INJURED OR DECEASED REMOVED BY

1 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
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OWNER/ADDRESS

2 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
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OWNER/ADDRESS

3 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
---	----------

OWNER/ADDRESS

INV. COMPLETE YES PHOTOS **NO** PHOTOGRAPHER UNIT NO.

INVESTIGATOR KLEINJAN T	ID NUMBER 37509	BEAT OR POST NO. 614	TIME NOTIFIED 12:20	TIME ARRIVED 12:24	RDWY OPENED
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REVIEWED BY **P MCBRIDE** PAGE **1 OF 5**