

NOTICE AND RELEASE AND SETTLEMENT OF CLAIM

Claim # AB505-265800-01
Event #: 950613900

For the sole consideration of: Twenty five thousand nine hundred eighty five dollars (\$25,985.00) the undersigned hereby releases and forever discharges: Nelson Tree Service, Asplundh Tree Experts, Liberty Mutual Insurance Co. and all other persons, firms and corporations from all claims and demands, rights and causes of action of any kind of undersigned now has or hereafter may have on account of or in any way growing out of personal injuries existing or which may exist which are known or unknown to me/us at the present time and property damage resulting or to result from an occurrence which happened on or about 09/18/2009 and do hereby covenant to indemnify and save harmless the said party or parties from and against all claims and demands whatsoever on account of or in any way growing out of said occurrence or its results both to person and property. This release expresses a full and complete SETTLEMENT of a liability claimed and denied, regardless of the adequacy of the above consideration, and the acceptance of this release shall not operate as an admission of liability on the part of anyone nor as an estoppel, waiver or bar with respect to any claim the party or parties release may have against the undersigned. Witness my hand and seal.

**YOU ARE MAKING A FINAL SETTLEMENT.
THIS IS A RELEASE: READ BEFORE SIGNING.**

1. Dated 7 JANUARY, 20 10

2. I/We SUMTER COUNTY BOCC

3. [Signature]
(Signature)

COUNTY ADMINISTRATOR
(Signature)

4. [Signature]
(Witness' Signature)

910 North Main St., Bushnell, FL.
(Address) 33513

5. [Signature]
(Witness' Signature)

910 North main street Bushnell FL
(Address) 33513

State of Florida / County of Sumter

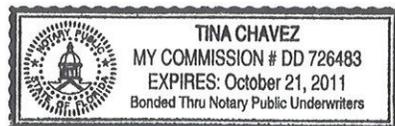
The foregoing instrument was acknowledged before me this 117, 20 10 by Boed Anaid

Personally Known OR Produced Identification

Type of I. D. Produced _____

[Signature] (Notary signature)

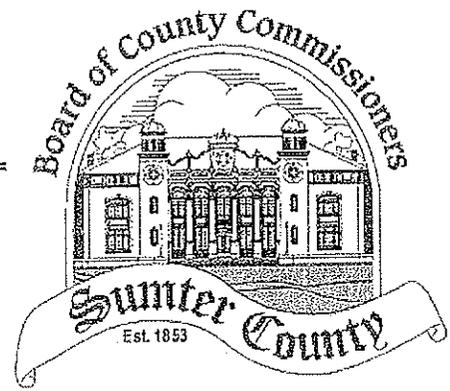
Printed name & Comm. # _____



Division of Support Services

Risk Management

910 N. Main Street, Suite 217 • Bushnell, FL 33513 • Phone (352) 793-0205 • FAX: (352) 568-6616
Website: <http://sumtercountyfl.gov>



F A X M E M O R A N D U M

To: CCU
Fax #: 603-334-8105
From: Pamela Webb
Date: 10/26/09
RE: Reimbursement request for damages from 9/18/09
Number of Pages (including this cover sheet): 4

Attached please find a work order for repair of the concrete light pole that was damaged by your insured. Please forward payment to my attention at the above address.

Lita N. Hart,
Risk Manager
(352) 793-0205
Fax (352) 568-6616
910 N. Main Street
Bushnell, FL 33513

Bradley S. Arnold,
County Administrator
(352) 793-0200
910 N. Main Street
Bushnell, FL 33513

Sandra Howell,
Assistant County Administrator
(352) 793-0200
910 N. Main Street
Bushnell, FL 33513

Richard "Dick" Hoffman, Dist 1
(352) 753-1592 or 793-0200
910 N. Main Street
Bushnell, FL 33513

Doug Gilpin, Dist 2
Vice Chairman
(352) 793-0200
910 N. Main Street
Bushnell, FL 33513

Don Burgess, Dist 3
(352) 753-1592 or 793-0200
910 N. Main Street
Bushnell, FL 33513

Garry Breeden, Dist 4
Chairman
(352) 793-0200
910 N. Main Street
Bushnell, FL 33513

Randy Mask, Dist 5
2nd Vice Chairman
Office: (352) 793-0200
Home: (352) 793-3930
910 N. Main Street
Bushnell, FL 33513

FLORIDA TRAFFIC CRASH REPORT LONG FORM

DO NOT WRITE IN THIS SPACE

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

| | | | | | | |
|---|--------------------|--|---|---|------------------------------|--------------------------|
| Time & Location | DATE OF CRASH | TIME OF CRASH | TIME OFFICER NOTIFIED | TIME OFFICER ARRIVED | INVEST. AGENCY REPORT NUMBER | HSMV CRASH REPORT NUMBER |
| | 09/18/2009 | 08:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 9:13 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | 9:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | FHPC09OFF087399 | 77672847 |
| | COUNTY / CITY CODE | FEET or MILE(S) | CITY OR TOWN | | COUNTY | |
| | 44 / 00 | 2 | COLEMAN | | Sumter | |
| AT NODE NO. or | FEET or MILE(S) | FROM NODE NO. | NEXT NODE NO. | NO. OF LANES | ON STREET, ROAD OR HIGHWAY | |
| | | | | 2 | SR35 (US301) | |
| AT THE INTERSECTION OF (street, road or highway) or | FEET | MILE(S) | FROM INTERSECTION OF (street, road or highway) | | | |
| | CR470 | | | | | |

| | | | | | | | | | | | | | | | | |
|--|---|-------------------------------------|--|--------------------------|--|---|--|-------------------------------|--|---------------------|---------------------|------|-----------|--------|---|---|
| Section 1 Vehicle | DRIVER ACTION | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER |  <p>18 Undercarriage 19 Overtum 20 Windshield 21 Trailer</p> <p>SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)</p> <p>15</p> | | | | | | | |
| | 1 Phantom 2 Hit & Run 3 N/A | 03 | 06 | GMC | 04 | 77 | PVD6543 | OH | | 1GDL7C1G26F426540 | | | | | | |
| | TRAILER OR TOWED VEHICLE INFORMATION | 07 | ALTE | TRAILER TYPE | 77 | 644JGA | FL | 5WDS415147S200514 | | EST. TRAILER DAMAGE | 1000 | | | | | |
| | VEHICLE TRAVELING | ON AT | | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1 Disabling 2 Functional 3 No Damage | | | 01 | EST. TRAILER DAMAGE | 15 | | | | |
| | | | SR35 (US301) | 40 | 45 | \$20,000 | | | | | | | | | | |
| Section 2 Pedestrian | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | | POLICY NUMBER | | VEHICLE REMOVED BY: | | 1 Tow Rotation List 2 Tow Owner's Request | | 3 Driver 4 Other | | | | | | | |
| | LIBERTY MUTUAL FIRE | | AS2631004328279 | | THE TRUCK SHOP | | | | 04 | | | | | | | |
| | NAME OF VEHICLE OWNER (Check Box if Same As Driver) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | | | |
| | <input type="checkbox"/> NELSON TREE SERVICE INC | | 1463 SIMANTON RD | | ASHLAND OH | | 44805 | | | | | | | | | |
| NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | | | | |
| <input type="checkbox"/> NELSON TREE SERVICE INC | | 1463 SIMANTON RD | | ASHLAND OH | | 44805 | | | | | | | | | | |
| NAME OF MOTOR CARRIER (Commercial vehicle Only) | | CURRENT ADDRESS (Number and Street) | | CITY, STATE AND ZIP CODE | | US DOT or ICC MC IDENTIFICATION NUMBERS | | | | | | | | | | |
| <input type="checkbox"/> NELSON TREE SERVICE INC | | 1463 SIMANTON RD | | ASHLAND OH | | 344805 | | | | | | | | | | |
| NAME OF DRIVER (take From Driver License) / PEDESTRIAN | | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | | | | | | |
| <input type="checkbox"/> CALVIN R HERNANDEZ | | 218 S JEFFERY ST | | BEVERLY HILLS FL | | 34465 | | 11/17/66 | | | | | | | | |
| DRIVER LICENSE NUMBER | | STATE | DL TYPE | REQ. END. | ALCOHOL/DRUG TEST TYPE | RESULTS | ALCOHOL/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT. | | |
| H655116664170 | | FL | 2 | 3 | 1 Blood 3 Urine 5 None 2 Breath 4 Refused | 05 | | 1 | 1 | 2 | 3 | 1 | 3 | 2 | 5 | 1 |
| HAZARDOUS MATERIALS BEING TRANSPORTED | | PLACARDED | IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. | | WAS HAZARDOUS MATERIAL SPILLED? | | RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE | | DRIVER'S PHONE NO. | | | | | | | |
| 1 Yes 2 No | | 2 | 2 | | 1 Yes 2 No | | 2 | | 352-400-6275 | | | | | | | |

| | | | | | | | | | | | | | | |
|--|---|-------------------------------------|--|--------------------------|--|---|--|-------------------------------|--|------|---------------------|------|-----------|--------|
| Section 3 Vehicle | DRIVER ACTION | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER |  <p>18 Undercarriage 19 Overtum 20 Windshield 21 Trailer</p> <p>SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)</p> <p></p> | | | | | |
| | 1 Phantom 2 Hit & Run 3 N/A | | | | | | | | | | | | | |
| | TRAILER OR TOWED VEHICLE INFORMATION | | | TRAILER TYPE | | | | | | | | | | |
| | VEHICLE TRAVELING | ON AT | | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1 Disabling 2 Functional 3 No Damage | | | | EST. TRAILER DAMAGE | | | |
| | | | | | | | | | | | | | | |
| Section 4 Pedestrian | MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | | POLICY NUMBER | | VEHICLE REMOVED BY: | | 1 Tow Rotation List 2 Tow Owner's Request | | 3 Driver 4 Other | | | | | |
| | | | | | | | | | | | | | | |
| | NAME OF VEHICLE OWNER (Check Box if Same As Driver) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | |
| | <input type="checkbox"/> | | | | | | | | | | | | | |
| NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | ZIP CODE | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | |
| NAME OF MOTOR CARRIER (Commercial vehicle Only) | | CURRENT ADDRESS (Number and Street) | | CITY, STATE AND ZIP CODE | | US DOT or ICC MC IDENTIFICATION NUMBERS | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | |
| NAME OF DRIVER (take From Driver License) / PEDESTRIAN | | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | DATE OF BIRTH | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | |
| DRIVER LICENSE NUMBER | | STATE | DL TYPE | REQ. END. | ALCOHOL/DRUG TEST TYPE | RESULTS | ALCOHOL/DRUG | PHYS. DEF. | RES. | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| | | | | | 1 Blood 3 Urine 5 None 2 Breath 4 Refused | | | | | | | | | |
| HAZARDOUS MATERIALS BEING TRANSPORTED | | PLACARDED | IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. | | WAS HAZARDOUS MATERIAL SPILLED? | | RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE | | DRIVER'S PHONE NO. | | | | | |
| 1 Yes 2 No | | 1 Yes 2 No | | | 1 Yes 2 No | | | | | | | | | |

| Code Information | VEHICLE TYPE | VEHICLE USE | TRAILER TYPE | RESIDENCE (Driver Only) | PHYSICAL DEFECTS | ALCOHOL / DRUG USE | LOCATION IN VEHICLE |
|------------------|--------------|---|---|---|---|---|--|
| | | 01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Bobtail) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 - Other | 01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire/Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other | 01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other | 1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown DL TYPE 1 A 2 B 3 C 4 D / Chauffeur 5 E / Operator 6 E / Oper-Rest 7 Other RACE 1 White 2 Black 3 Hispanic 4 Other SEX 1 Male 2 Female REQUIRED ENDORSEMENTS 1 Yes 2 No 3 No Endorsement Required | 1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality | 1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALCOHOL/DRUG Test Result SAFETY EQUIPMENT IN USE 1 Not in Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection |

| | | | | | | | | | | | | | |
|--|-----------------------------------|-------------------------------------|--------------|--|---|---------------------|---------------------------------|-------------------------------|--|--|--------------------|-----------|--------|
| DRIVER ACTION | 1 Phantom 2 Hit & Run 3 N/A | YEAR | MAKE | TYPE | USE | VEH. LICENSE NUMBER | STATE | VEHICLE IDENTIFICATION NUMBER | 7 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9 | 18 Undercarriage 19 Overturn 20 Windshield 22 Trailer | | | |
| TRAILER OR TOWED VEHICLE INFORMATION | | | | TRAILER TYPE | | | | | | SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S) | | | |
| VEHICLE TRAVELING | ON AT | Est. MPH | Posted Speed | EST. VEHICLE DAMAGE | 1 Disabling 2 Functional 3 No Damage | EST. TRAILER DAMAGE | | | | | | | |
| MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) | | POLICY NUMBER | | VEHICLE REMOVED BY: | 1 Tow Rotation List 2 Tow Owner's Request | | | | 3 Driver 4 Other | | | | |
| NAME OF VEHICLE OWNER (Check Box If Same As Driver) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | | | | | ZIP CODE | | | |
| NAME OF OWNER (Trailer or Towed Vehicle) | | CURRENT ADDRESS (Number and Street) | | CITY AND STATE | | | | | | ZIP CODE | | | |
| NAME OF MOTOR CARRIER (Commercial vehicle Only) | | CURRENT ADDRESS (Number and Street) | | CITY, STATE AND ZIP CODE | | | | | | US DOT or ICC MC IDENTIFICATION NUMBERS | | | |
| NAME OF DRIVER (take From Driver License) / PEDESTRIAN | | CURRENT ADDRESS (Number and Street) | | CITY & STATE / ZIP CODE | | | | | | DATE OF BIRTH | | | |
| DRIVER LICENSE NUMBER | | STATE | DL TYPE | REQ. END. | ALCO/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused | RESULTS | ALCO/DRUG PHYS. DEF. | RES | RACE | SEX | INJ. | S. EQUIP. | EJECT. |
| HAZARDOUS MATERIALS BEING TRANSPORTED | 1 Yes 2 No | PLACARDED | 1 Yes 2 No | IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. | | | WAS HAZARDOUS MATERIAL SPILLED? | 1 Yes 2 No | RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE | 1 Yes 2 No | DRIVER'S PHONE NO. | | |

| | | | | | | | |
|-----|--|-----------------|--------------|------------------|----------------|-------|-------|
| # 1 | PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |
| | CONCRETE LIGHT POLE | \$ 4,000 | FLORIDA DOT | 11319 PONCE DELE | BROOKSVILLE FL | | 34601 |
| # 2 | PROPERTY DAMAGED - OTHER THAN VEHICLES | EST. AMOUNT | OWNER'S NAME | ADDRESS | CITY | STATE | ZIP |

| | | | |
|--|---|--|---|
| CONTINUING CAUSES - DRIVER / PEDESTRIAN | VEHICLE DEFECTS | VEHICLE MOVEMENT | VEHICLE SPECIAL FUNCTIONS |
| 01 No Improper Driving / Action 02 Careless Driving (Explain In Narrative) 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Equip. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic | 01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Mech. 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain In Narrative) | 01 Straight Ahead 02 Slowing / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering / Leaving Parking Space 08 Property Parked 09 Improperly Parked 10 Making U-Turn | 1 None 2 Farm 3 Police Pursuit 4 Recreational 5 Emergency Operation 6 Construction / Maintenance |
| 19 Improper Load 20 Disregarded Other Traffic Control 21 Driving Wrong Side / Way 22 Fleeing Police 23 Vehicle Modified 24 Driver Distraction (Explain In Narrative) 77 All Other (Explain In Narrative) | POINT OF COLLISION 01 On Road 02 Not On Road 03 Shoulder 04 Median 05 Turn Lane WORK AREA 01 None 02 Nearby 03 Entered | 11 Passing 12 Driveway or Runaway Vehicle 77 All Other (Explain In Narrative) | SOURCE OF CARRIER INFORMATION 1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other |
| FIRST / SUBSEQUENT HARMFUL EVENT(S) | | PEDESTRIAN ACTION | LOCATION TYPE |
| 01 Collision With MV in Transport (Rear End) 02 Collision With MV in Transport (Head-on) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Sideswipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With Parked Car 09 Collision with MV on Roadway 10 Collision with Pedestrian 11 Collision with Bicycle 12 Collision with Bicycle (Bike Lane) 13 Collision with Moped 14 Collision with Train | 15 Collision with Animal 16 MV Hit Sign / Sign Post 17 MV Hit Utility Pole / Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge / Pier / Abutment / Rail 22 MV Hit Tree / Shrubbery 23 Collision with Construction Barricade Sign 24 Collision with Traffic Gate 25 Collision with Crash Attenuators 26 Collision with Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision with Moveable Object on Road | 01 Crossing Not at Intersection 02 Crossing at Mid-block Crosswalk 03 Crossing at Intersection 04 Walking Along Road With Traffic 05 Walking Along Road Against Traffic 06 Working on Vehicle in Road 07 Working in Road 08 Standing/Playing in Road 09 Standing in Pedestrian Island 77 All Other (Explain In Narrative) 88 Unknown | 1 Primarily Business 2 Primarily Residential 3 Open Country |

| | | | | |
|--|--|--|--|--|
| ROAD CONDITIONS AT TIME OF CRASH | VISION OBSTRUCTED | TRAFFIC CONTROL | SITE LOCATION | TRAFFICWAY CHARACTER |
| 01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair / Construction 05 Loose Surface Materials 06 Shoulders - Soft / Low / High 07 Holes / Ruts / Unsafe Paved Edge 08 Stading Water 09 Worn / Polished Road Surface 77 All Other (Explain In Narrative) | 01 Vision Not Obscured 02 Inclement Weather 03 Parked / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 10 Glare 77 All Other (Explain In Narrative) | 01 No Control 02 Special Speed Zone 03 Speed Control Sign 04 School Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Railroad Signal 10 Officer / Guard / Flagman | 01 Not At Intersection / RR X'ing / Bridge 02 At Intersection 03 Influenced By Intersection 04 Driveway Access 05 Railroad 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private | 1. Straight-Level 2. Straight-Upgrade / Downgrade 3. Curve-Level 4. Curve-Upgrade / Downgrade TYPE SHOULDER 1. Paved 2. Unpaved 3. Curb |

| | | |
|--|---|--|
| ROAD SURFACE / CONDITION | WEATHER | ROAD SURFACE TYPE |
| 01 Dry 02 Wet 03 Slippery 04 Ice 77 All Other (Explain In Narrative) | 01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain In Narrative) | 01 Slag / Gravel / Stone 02 Blacktop 03 Brick / Block 04 Concrete 05 Dirt 77 All Other (Explain In Narrative) |

| | | | | | |
|-------------|-----------|----------------------|-------------------|---------------------------|-----------------|
| VIOLATOR(S) | SECTION # | NAME OF VIOLATOR (s) | FL STATUTE NUMBER | CHARGE | CITATION NUMBER |
| | 1 | CALVIN HERNANDEZ | 316.261.1 | INADEQUATE SERVICE BRAKES | 1112-SST |
| | SECTION # | NAME OF VIOLATOR (s) | FL STATUTE NUMBER | CHARGE | CITATION NUMBER |
| | SECTION # | NAME OF VIOLATOR (s) | FL STATUTE NUMBER | CHARGE | CITATION NUMBER |

NATIONAL LIABILITY FIELD CLAIMS MS
LIBERTY MUTUAL FIRE INSURANCE COMPANY
P.O. BOX 100058
DULUTH GA 30096-9358



Telephone: (800) 852-6662
Fax: (603) 334-8105

December 14, 2009

Sumter County Bocc
910 N. Main St
Busnell FL 33513

Claimant: Sumter County Bocc
Claim Number: AB505-265800-01
Customer: Nelson Tree Service Inc
Date of Loss: 09/18/2009

Dear Sumter County Bocc:

This will confirm our settlement of Twenty five thousand nine hundred eighty five dollars (\$25,985.00).
Please read, sign in ink, and return the accompanying release.

On the line indicated:

- "(1)" Fill in the date the release is signed.
- "(2)" Write "I (or We) have read this release."
- "(3)" Sign your full legal name.
- "(4)" & "(5)" Have two witnesses write their names and addresses to verify your signature.

Our check will be issued when we receive the properly executed Release.

Please feel free to contact me if you have any questions. You can reach me at extension 314.

Sincerely,

DAREN RICHARDS
SR CLAIMS REP, CM

ENCLOSURE