

Ante Litem Notice

February 1, 2019

VIA CERTIFIED MAIL NO.: 7015 1520 0003 4633 7317

To: City of Hogansville  
c/o Mayor Bill Stankiewicz  
400 East Main Street  
Hogansville, Georgia 30230


You are hereby notified that on October 28, 2018 at approximately 5:50 o'clock p.m., my, Raymond Jordan's, property was injured at or around 202 Oak Street, Hogansville, Georgia 30230.

The injury occurred as follows: A Mr. Jack Hollis, who was driving a City of Hogansville police car backed into my car causing extensive damage to the same.

My vehicle a 2003 Mercedes Benz E320 was damaged in the front end because of Officer Hollis's negligent driving.

I have obtained an estimate to repair my vehicle in the amount of \$3,812.57, which is a preliminary estimate. I also have diminished value to my vehicle due to the car now having been part of a collision.

This notice is made pursuant to O.C.G.A. § 36-33-5, and I, Raymond Jordan, demand payment in the amount of \$5,000.00 which should cover the repairs to my vehicle and the diminished value of my vehicle.

  
\_\_\_\_\_  
Raymond Jordan  
105 Taliaferro Drive  
Hogansville, Georgia 30230  
(706) 637-6003

*emailed to J. McCarty / JSE  
2-6-19 2:57 pm  
JSE*

Agency Case Number C000503069-01		Agency NCIC Number GAGSP0200		GEORGIA MOTOR VEHICLE CRASH REPORT				County TROUP		Date Rec. by GDOT			
Estimated Crash Date 10/28/18		Dispatch Date 10/28/18		Arrival Date 10/28/18		Total Number of Vehicles 2		Injuries 0	Fatalities 0	Inside City Of HOGANSVILLE			
Road of Occurrence 202 OAK STREET						At Its Intersection With _____			<input type="checkbox"/> Corrected Report				
Not At Its Intersection But _____						Of _____			<input type="checkbox"/> Sup To Original				
Latitude (V) 33.17214 (Format) 00.00000						Longitude (X) -84.91333 (Format) -00.00000			<input type="checkbox"/> Hit And Run?				
Unit # 1		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Blko		LAST NAME HOLLIS		FIRST JACK		MIDDLE		Unit # 2			
<input type="checkbox"/> Susp At Fault		Address 400 E MAIN STREET		<input type="checkbox"/> Susp At Fault		Address 105 TALIAFERRO DRIVE		FIRST RAYMOND		MIDDLE			
City HOGANSVILLE		State GA	Zip 30230	DOB		City HOGANSVILLE		State GA	Zip 30230	DOB			
Driver's License No. 035515461		Class C	State GA	Country UNITED STATES		Driver's License No. 024784685		Class C	State GA	Country UNITED STATES			
Insurance Co. AMGUARD		Policy No. A2GP700028		Telephone No.		Insurance Co. TRAVELERS		Policy No. 9967224272031		Telephone No.			
Year 2013		Make DODGE	Model CHARGER POLICE		Year 2003		Make MERCEDES BENZ	Model E320					
VIN 2C3CDXAT3DH714925		Vehicle Color BLU		VIN WDBUF65J13A194961		Vehicle Color BLK							
Tag # GW3407D		State GA	County TROUP	Year 2009		Tag # QFC2458		State GA	County TROUP	Year 2019			
Trailer Tag #		State	County	Year		Trailer Tag #		State	County	Year			
<input type="checkbox"/> Same as Driver		Owner's Last Name CITY OF HOGANSVILLE		First	Middle	<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name JORDAN		First RAYMOND	Middle		
Address 400 E MAIN STREET		Address 105 TALIAFERRO DRIVE		City HOGANSVILLE		State GA	Zip 30230-1136	City HOGANSVILLE		State GA	Zip 30230-1538		
Removed By: DRIVER		<input type="checkbox"/> Request <input type="checkbox"/> List		Removed By: DRIVER		<input type="checkbox"/> Request <input type="checkbox"/> List		Alco Test: 2		Type:	Results:		
First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event: 11		Operator/Ped Cond: 1			
Operator Contributing Factors: 18		1	1	1	1	Operator Contributing Factors: 1		1	1	1	1		
Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Vehicle Contributing Factors: 1		Roadway Contributing Factors: 1		Direction of Travel: 1		Vehicle Maneuver: 4	Non-Motor Maneuver:		
Direction of Travel: 2		Vehicle Maneuver: 7	Non-Motor Maneuver:		Direction of Travel: 1		Vehicle Maneuver: 4	Non-Motor Maneuver:		Vehicle Class: 1	Vehicle Type: 1	Vision Obscured: 1	
Vehicle Class: 2		Vehicle Type: 1	Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 1	Vision Obscured: 1		Number of Occupants: 1		Area of Initial Contact: 12	Damage to Veh: 2
Number of Occupants: 1		Area of Initial Contact: 6	Damage to Veh: 2		Traffic-Way Flow: 1		Road Comp: 2	Road Character: 1		Number of Lanes: 2		Posted Speed: 25	Work Zone: 0
Traffic Control: 1		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: 1		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Citation Information:		Citation #		O.C.G.A. \$	
Citation Information:		Citation #		O.C.G.A. \$	40-6-240	Citation #		O.C.G.A. \$		Citation #		O.C.G.A. \$	
COMMERCIAL MOTOR VEHICLES ONLY						COMMERCIAL MOTOR VEHICLES ONLY							
Carrier Name:						Carrier Name:							
Address						Address							
City		State		Zip		City		State		Zip			
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.			
Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.? <input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Vehicle Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES: Name or four Digit Number from Diamond or Box: _____		One Digit Number from Bottom of Diamond: _____			
If YES: Name or four Digit Number from Diamond or Box: _____						If YES: Name or four Digit Number from Diamond or Box: _____							
One Digit Number from Bottom of Diamond: _____						One Digit Number from Bottom of Diamond: _____							
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units							

COLLISION FIELDS

Manner of Collision:	2	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	1
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NARRATIVE

Physical evidence and driver statements indicate the following:

Vehicles #1 and #2 were traveling north on Oak Street. Vehicle #2 was following behind Vehicle #1. The driver of Vehicle #1 stopped in the roadway. Vehicle #2 stopped behind Vehicle #1. The driver of Vehicle #1 improperly backed his vehicle, striking Vehicle #2. Vehicle #1 struck Vehicle #2 in the front end with the rear end of Vehicle #1. The area of impact was on Oak Street.

The driver of Vehicle #1 (a City of Hogansville, Georgia Police Officer) states he had been involved with a search for an elderly subject, who had been located. As he traveled north on Oak Street, he observed an individual in a yard who he wanted to inform that the elderly subject had been located. He stopped his vehicle in the roadway and then attempted to reverse course in order to back up the the individual he wished to speak with. He failed to observe Vehicle #2 stopped behind him. The two vehicles collided as he backed up.

The driver of Vehicle #2 states he had been traveling behind Vehicle #1 when it stopped in the roadway. He observed Vehicle #1 began to reverse course. He sounded his vehicle's horn in an attempt to warn the driver of Vehicle #1. The two vehicles collided.

This investigation was recorded on DVD #440-93-2018.

DIAGRAM

INDICATE NORTH



PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle	Owner
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WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
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OCCUPANT INFORMATION

1	Name (Last, First): HOLLIS, JACK					Address: 400 E MAIN STREET HOGANSVILLE, GA 30230				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	51	M	1	1	3	1	2	2	0	2
Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:		
2	Name (Last, First): JORDAN, RAYMOND					Address: 105 TALIAFERRO DRIVE HOGANSVILLE, GA 30230				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	67	M	2	1	3	1	2	2	0	2
Injury Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Hospital Arrival Time:		

ADMINISTRATIVE

Photos Taken:	<input type="checkbox"/> Yes	By:	Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404)635-2863.		
	<input checked="" type="checkbox"/> No		Report By:	Agency:	Report Date:
			TALLEY, B #0440	GSPDIPOST 2	10/28/18
			Checked By:	Date Checked:	
			HILLEY, JEREMY #0892	10/29/18	

**COLUMBUS BODY WORKS  
NORTHLAKE**

7657 Veterans Parkway, Columbus, GA 31909  
Phone: (706) 321-1257  
FAX: (706) 327-5567

Workfile ID: 17901f81  
Federal ID: 27-1506265  
Resale Number: 301095414

**Preliminary Estimate**

**Customer: JORDAN, RAY**

Written By: JOSEPH WELLS

Insured: JORDAN, RAY  
Type of Loss:  
Point of Impact:

Policy #:  
Date of Loss:

Claim #:  
Days to Repair: 0

**Owner:**  
JORDAN, RAY  
105 TALIAFERRO DR  
HOGANSVILLE, GA 30230  
(706) 637-6003 Business

**Inspection Location:**  
COLUMBUS BODY WORKS NORTHLAKE  
7657 Veterans Parkway  
Columbus, GA 31909  
Repair Facility  
(706) 321-1257 Business

**Insurance Company:**

**VEHICLE**

2003 BENZ E-Class E320 4D SED 6-3.2L Gasoline SMPI

VIN: WDBUF65J13A194961  
License:  
State:

Interior Color:  
Exterior Color:  
Production Date:

Mileage In:  
Mileage Out:  
Condition:

Vehicle Out:  
Job #:

**TRANSMISSION**

Automatic Transmission  
Overdrive

**POWER**

Power Steering  
Power Brakes  
Power Windows  
Power Locks  
Power Mirrors  
Heated Mirrors  
Power Driver Seat  
Power Passenger Seat  
Memory Package

**DECOR**

Dual Mirrors  
Console/Storage

Wood Interior Trim

**CONVENIENCE**

Air Conditioning  
Intermittent Wipers  
Tilt Wheel  
Cruise Control  
Rear Defogger  
Keyless Entry  
Alarm  
Message Center  
Steering Wheel Touch Controls  
Telescopic Wheel  
Climate Control  
Home Link

**RADIO**

AM Radio

FM Radio

Stereo  
Search/Seek  
CD Player

Cassette

**SAFETY**

Drivers Side Air Bag  
Passenger Air Bag  
Anti-Lock Brakes (4)  
4 Wheel Disc Brakes  
Front Side Impact Air Bags  
Head/Curtain Air Bags  
Communications System  
Hands Free Device  
Rear Side Impact Air Bags

**SEATS**

Bucket Seats

Reclining/Lounge Seats  
Leather Seats

**WHEELS**

Aluminum/Alloy Wheels

**PAINT**

Clear Coat Paint

**OTHER**

Fog Lamps  
Traction Control  
Stability Control  
Signal Integrated Mirrors  
Power Trunk/Gate Release

Get live updates at [www.carwise.com/e/3uPNAz](http://www.carwise.com/e/3uPNAz)

**Preliminary Estimate**

**Customer: JORDAN, RAY**

**2003 BENZ E-Class E320 4D SED 6-3.2L Gasoline SMPI**

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT BUMPER</b>				4.0	
2		O/H front bumper				Incl.	2.6
3	Repl	Bumper cover w/o Sport w/o Appearance Pkg w/o lamp wash	21188000409999	1	740.00		
4		Add for Clear Coat					1.0
5		Add for park sensor				0.5	
6		<b>FRONT LAMPS</b>					
7	Repl	RT Headlamp assy w/bl-xenon lamps w/corner lamps	2118202461	1	1,080.00	0.8	
8	Repl	LT Headlamp assy w/bl-xenon lamps w/corner lamps	2118202361	1	1,080.00	0.8	
9		Alm headlamps				0.5	
10	#	Repl Hazardous Waste		1	5.00		
11	#	Repl Flex Agent		1	12.00 T		
12	#	Refn Tint					0.5
<b>SUBTOTALS</b>					<b>2,917.00</b>	<b>6.6</b>	<b>4.1</b>

**ESTIMATE TOTALS**

Category	Basis	Rate	Cost \$
Parts			2,905.00
Body Labor	6.6 hrs @	\$ 48.00 /hr	316.80
Paint Labor	4.1 hrs @	\$ 48.00 /hr	196.80
Paint Supplies	4.1 hrs @	\$ 32.00 /hr	131.20
Body Supplies	1.6 hrs @	\$ 4.00 /hr	6.40
Miscellaneous			12.00
Subtotal			3,568.20
Sales Tax	\$ 3,054.60 @	8.0000 %	244.37
<b>Grand Total</b>			<b>3,812.57</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>3,812.57</b>
<b>INSURANCE PAY</b>			

**THIS IS A VISUAL ESTIMATE ONLY AND DOES NOT INCLUDE ANY HIDDEN DAMAGE.**

**NOTICE TO THIRD PARTY CLAIMANTS:** Failure to use the insurance proceeds in accordance with a security agreement between you and a lienholder, if any, may be a violation of Code Section 16-8-4 of the O.C.G.A. If you have any questions, contact your lending institution.