Town of Huntersville Town Board June 18, 2018

To:

Town Board

From:

Pattie Ellis, Finance

Date:

6/18/18

Subject: Budget Amendment - Police Department Insurance

EXPLAIN REQUEST:

Approve budget amendment recognizing insurance revenue in the amount of \$28,493.51 and appropriate to the Police Department's auto insurance account. These insurance proceeds involve eight accident claims, three of which the Town was at fault, one of which was a comprehensive claim where our vehicle struck an animal in the roadway and the remaining where the Town was not at fault,

ACTION RECOMMENDED:

Approve budget amendment recognizing insurance revenue in the amount of \$28,493.51 and appropriate to the Police Department's auto insurance account. (Pattie Ellis/Chief Spruill)

FINANCIAL IMPLICATIONS:

Offsetting revenue and expense of \$28,493.51, no net change to Fund Balance.

ATTACHMENTS:

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48 POINTS OF INITIAL Unit# 1 14			VEHICLE INFO.	Veh.#1	Veh.#2	ROADWAY INFO).	WORK ZONE	RELATED	
(Write in Codes) Unit# 2 14			60 Authorized Speed Limit	0 1 5		89 Road Feature	25	78 Workzone Area	5	
CRASH SEQUENCE (Unit Level)	Uniti 1	Unis#_2	61 Estimate of Original Traveling Speed	0 1 0	0 1 0	70 Road Character	3	79 Work Activity		
49Vehicle Maneuver/Action	10	4	ez Estimate of Speed at Impact	0 1 0	0 1 0	71 Road Classification	6	80 Work Area Marked 81 Crash Location		
50 Non-Motorist Action	1		63 Tire Impressions Before Impact (ft.)	0000	0000	72 Road Surface Type	1			
51 Non-Motorist Location Prior to Impact	+		64 Distance Traveled After Impact (fl.)	0000	0000	73 Road Configuration	1	TRAILER INFO.	Unit#	Unit#_2
52 Crash Sequence - First Event for This U	nit 21	31	65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type		
53Crash Sequence - Second Event "	31	31	66 Post Crash Fire (if "Yes" check block)	П		75 Number of Lanes	0 1	1st Trailer No. Axles		
	-	-	67 School Bus - Contact Vehicle *	一一		76 Traffic Control Type	0	Width (inches)		
54 Crash Sequence - Third Event	+	-	se School Bus - Noncontact Vehicle "	一一	1 1	77 Traffic Control Oper		Length (feet)		
55Crash Sequence - Fourth Event	-	0.4	COMMERCIAL VEHICLE: H	azadous a	Matoriale I		-	2nd Trailer No. Axies		
56Most Harmful Event for This Unit	31	31	Haz Mat Plecard Yes No	usel dene		om Placard indicate:	$\langle \rangle$	Width (Inches) Length (feet)		
57 Distance/Direction to Object Struck	+	-	Hazardous Cargo Yes No		digit placard	number or 1-digit num		83 Unit#	Overwidth P	ermit #
58Vehicle Underride/Override	-	-	Released (does not include fuel from	tank) na	me from diar	mond box bottom of	diamond	Overwidth Trailer and Overwidth —		Ciline #
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85 NARRATIVE (Include pertinent a										
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TOTAL STATE OF THE										
Driver 2 stated white exiting his phis vehicle.	arking sp	ace he o	bserved vehicle 1 stopped to hi	s ien. Dri	ver 2 state	ea as ne was proc	eeaing to	orward venicle 1 ba	icked up s	eruking
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SWORN	STATE	MENT IN P	ROOF (OF LOSS Policy NoAPD -	Collision		CLM	No.	(Auto	mobile)
Policy Coverage Policy at time		of Loss		Fulley No. AFD	_ Company (Claim No.				
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48 POINTS OF INITIAL Unit# 1 01 02	03		VEHICLE INFO.	Veh.#1	Veh.#2	ROADWAY INFO	Э.	WORK ZONE	RELATED	
CONTACT Unit# 2 14 15	16		so Authorized Speed Limit	0 2 5	0 2 5	se Road Feature	12	78 Workzone Area	5	
CRASH SEQUENCE (Unit Level)	Unit#_1_	Unit#_2_	81 Estimate of Original Traveling Speed	0 2 5	0 2 5	70 Road Character	1	79 Work Activity		
49 Vehicle Maneuver/Action	11	1	62 Estimate of Speed at Impact	0 1 5	000	71 Road Classification	4	80 Work Area Marked 81 Crash Location	-	
60 Non-Matarist Action			63 Tire Impressions Before Impact (ft.)	0000	0000	72 Road Surface Type	3		-	
51 Non-Motorist Location Prior to Impact			64 Distance Traveled After Impact (ft.)	0000	0005	73 Road Configuration	2	TRAILER INFO.	Unit#_1_	Unit#_2
52 Crash Sequence - First Event for This Uni	21	21	85 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type	0	0
63 Crash Sequence - Second Event *		21	66 Post Crash Fire (If "Yes" check block)			75 Number of Lanes	0 2	1st Trailer No. Axles		
54 Crash Sequence - Third Event *			67 School Bus - Contact Vehicle "			76 Traffic Control Type	0	Width (inches) Length (feet)		
55Crash Sequence - Fourth Event			68 School Bus - Noncontact Vehicle "			77 Traffic Control Oper		2nd Trailer No. Axles		
58Most Harmful Event for This Unit	21	21	COMMERCIAL VEHICLE: H				\triangle	Width (inches)	-	
57 Distance/Direction to Object Struck	0	0	Haz Met Plecard Yes No			om Piacard indicale: number or 1-digit num	nber from	Length (feet)		
59Vehicle Underride/Override	3	3	Hezardous Cargo Yes No Released (does not include fuel from		me from dia		diamond	Overwidth Trailer	Overwidth P	ermit#
69Vehicle Defects	0	0	Carrying Haz Mat Yes No				-]	and Overwidth — Mobile Home		
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as Type/ Owner			Owner Address Abbitto Phone	WITHERSES				State Property? Estimated Damage	is .	
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Name			Address	AFFIC VIOLAT	nwel		Phone I	No. ()		
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Name			(Citation # optional) Cherge(s)							
C Officer Name	RAY	MOND	Officer Num	ber	Dep	artment ersville Police De	epartme	nt 9214 04/	Date of Rep 16/2018	oort

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		Jured T EMS					(Tre	edmen	t Facility and	Cityor	Your)		_		-	by EMS	to	Depter Herrican Constitution Cons	(Treatment Facility a	nd City or Tourn)		-

48 POINTS OF INITIAL Unit# 3 14 15	16	VEHICLE INFO.	Veh.#3	Veh.#	ROADWAY INFO).	WORK ZONE	RELATED	
CONTACT Unit# Unit		60 Authorized Speed Limit	0 2 5		69 Road Feature	12	78 Workzone Area	5	
CRASH SEQUENCE (Unit Level)	unit#3 Unit#	61 Estimate of Original Traveling Speed	0 2 5		70 Road Character	1	79 Work Activity		
48Vehicle Maheuver/Action	1	52 Estimate of Speed at Impact	000		71 Road Classification	4	80 Work Area Marked 81 Crash Location		
50 Non-Motorist Action	 	as Tire Impressions Before Impact (fl.)	0000		72 Road Surface Type	3	at Clash Lucation		
51Non-Motorist Location Prior to Impact		64 Distance Traveled After Impact (ft.)	0000		73 Road Configuration	2	TRAILER INFO.	Unit#3	Unit#
52 Crash Sequence - First Event for This Uni	21	65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type	0	
53 Crash Sequence - Second Event *		66 Post Crash Fire (if "Yes" check block)			75 Number of Lanes	0 2	1st Traiter No. Axles		
54 Crash Sequence - Third Event	T	67 School Bus - Contact Vehicle "			78 Traffic Control Type	0	Width (inches)		
55Crash Sequence - Fourth Event *		ss School Bus - Noncontact Vehicle "			77 Traffic Control Oper		Length (feet)		
56 Most Harmful Event for This Unit	21	COMMERCIAL VEHICLE: H	azardous	Materials	Involvement	$\overline{\wedge}$	2nd Trailer No. Axies Width (inches)		
57Distance/Direction to Object Struck	0	Hez Met Placard Yes No			om Placard indicate:	\vee	Length (feat)		
58Vehicle Underride/Override	3	Hazardous Cargo Yes No		digit placard ame from dia	number or 1-digit num mond box bottom of	nber from djamond	83 Unit# Overwidth Trailer	Overwidth P	ermit#
59Vehicle Defects	0	Released (does not include fuel from	i tank)				and Overwidth —		
84 DIAGRAM	101	Totallying How was Too To							
		()			VEHICLE	SICLE 2			
	J 17/40477	OIL EAD DD		<u> </u>	F		-	w)	
		GILEAD RD.	-	\$	•				
		MARGUERITE LN			PINEW	/OOD E	DR. ——→		
Unit# 3 was:	LCL on LCL	GILEAD RD.	Unit#		raveling Served Facing N S E				
Derked Feding N S (Include pertinent and which are not listed et VEHICLE 3 CAME TO A STOP IN OF TRAVEL. VEHICLE 2 CAME T VEHICLE 2 TO CRASH INTO VEH	unusual aspects, Isewhere on the fo THE ROADV	m)	NT OF HI	MTOLE	T ANOTHED VEH	ICI E MA	JINTO VERIGEE 2	SS HIS L CAUSIN	ANE G
		ADDITE	ONAL PROPE	RTY DAMAGE			State Property?	ad .	
as Type/ Owner	-	Owner Address Phone					Property? Estimate Damage	\$	
Nama		Address	WITNESSE	8		Phone	No. ()		
Name		Address		1 1		Phone		19 20000	
TRAITE		T	RAFFIC VIOL	TION(S)					
Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Citation # optional)							
NameOfficer Name		Charge(s)Officer Nu	nber	De	partment			Date of Re	port
C D	RAYMON				tersville Police De	partment	9214 04/	16/2018	



SWORN S	TAT	EME	NT IN PR	OOF C	Policy No.	APD - Collisio	on	CLM N	ło	(Automobii	
Policy Coverag	e at Ti	ne of Lo	88	- 30	Folicy No.		a sayour of the committee of the committ	_			
Policy at time of						THE R. P. LEWIS CO., LANSING, MICH.	npany Ciaim No.	3170087	043		
Date Issued	07/01	/2017				Age	nt ncy At				
Date Expires	06/30					vide	IICY AL				
		sk Finar	cing Fund					Ву уо	ur policy of insu	rance described a	bove.
Of North C							· · · · · · · · · · · · · · · · · · ·				
you insured	CALLE	D THE IN	SURED) AGAI	NST LOSS (OF OR DAMAG	E TO THE AUTO	MOBILE DESCRIE	SED AS FOLLO	OWS:	ITIFICATION NUMBE	R
DESCRIPTION	TRAD	E NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ITTEUT	BODY K STATE TONK	TO STREET, STATE OF THE STATE O	MODEL	(YEAR)	ALI HOLL 18-11		••
OF				(III TROO	KOINIC TOIL					442(02200)	
AUTOMOBILE			Officer la	hasas faller	to radico enas	ed and crashed in	to occurred on t	ne 04/16/2	2018 de	y of	20
TIME AND		caused in the hour	-4 40-00 ABI		CIAM C	PM					
	apout	inois em	on of which are	se follows:	(State where an	d how it occurred	i) Gliead Rd Betwe	en Marguerite	And Pinewood	Huntersville 28078	
ORIGIN	me iu	n parecuia	il 9 di Annôn ara	ap lonotte.	(0		-				
							damage and ma oth	or nomen had	any interest the	rein, by ballment lease) .
TITLE AND	The h	sured wa	s the sole owns	or of the auto	mobile at the tir	me of the loss of	damage and no ou	en herson ner	Gilly intoloce are	rein, by ballment lease	
INTEREST		tional sale	, mortgage, or o	other encum	prance or ower	wise, except.	•				
	N/A										
OTHER	At the	time of t	nis loss, there w	as no other	insurance on sa	ild automobile co	vering the same pe	rils except:			
INSURANC	NIA		his loss, the sak								
	At the	time or t	ins fors' (he sau	I SITTON KODILE	Mas ocurs car	4	(PLEASL	JRE, BUSINESS	OR COMMERCIA	PURPOSES)	
USE	**					and	was not being use	d to carry pass	sengers for comp	ensation of rental or l	eased or
		0							Ť.		
	of the	oronarhi	described the	actual loss a	nd damage sus	tained, and the a	mount claimed und	er this Policy	ere as follows:	INT OF ARREST	7
THE ACTUAL		property	400000000000000000000000000000000000000				1			UNT CLAIMED R THIS POLICY	
CASH VALUE		CA	SH VALUES		WHOLE	LOSS	AMOUNT DE				1
		881	\$NA		\$9,53	4.81	\$50			9,034.81]
SUBROGATION The said loss or nor in conseque	thai Inst The in d	he has ag trance cor insured h amages to did not or	painst any person npany to sue any ereby warrants to the insured with Iginate by any ac	n, firm or corp / such third pa hat no releas I reapect to th t, design or p	oration flable for arty in his name. e has been giver to claim being m rocurement on n	ne loss or camay nor will be given o ade herein. ny/our part nor on	r settlement or comp the part of anyone h	oromise made o	or agreed upon will the property insu	ince company all rights, need. He also hereby au in any third party who m ned, or in the said policy not a walver of any of its	ay be liable
If its extrioses an	dolate		^ .				A A	al K	20101		
State of	ME	th !	Cambi	Λα			Jackes	r Otopin	VVOL.		URED
County	101	2CK	enaic	. 100			U	<u> </u>			UKED
Subscribed a	nd ewo	rn to bel	ore me this		14th		day of	May	20	<u> 18</u>	Illiffe.
Odpacioca z			•		DAVME	NT AUTH	ORIZATIO	N N	NOTARY PUBL	TA PIE	RSON A
					1 7 1 1112					= 3.2 20	EXO. O
		550								- WY 01/12	020 E
is hereby req	uested	, authori	zed and empo	owered to p	eay, at its opti-	on, as follows:		The sum of	e.		,O. \(\sigma \)
То								The sum of		* Ch: PU	BINOST
To								The sum of	Control of the last of the las	W. CNRI	RG
То	1014 1/360					Amo	unt Claimed Und			imun	(21221-
A THE STATE OF THE					70	Insured					
Witness:						Ву			*	Title	
Address						ec 288. = 0					
						Loss Paye	Α	<u> </u>			
Witness:	_					By	and the second			Title	
						w)	-				



SWORN S	STATEMENT IN PI	ROOF OF LOSS Policy No. APD -	Colleion	CLM I	(Automobile)
Policy Coverage Policy at time of Date Issued	e at Time of Loss of Loss 07/01/2017	Policy No. APD-	Company Claim No Agent		
Date Expires To the Of	06/30/2018		Agency At	Ву уо	ur policy of insurance described above.
-	Town of Huntersville		WITHIAN E DECOM	DED AS SOLL	OM8.
(HEREINAFTER DESCRIPTION OF	CALLED THE INSURED) AGA TRADE NAME	INST LOSS OF OR DAMAGE TO THE TYPE OF BODY (IF TRUCK STATE TONNAGE)	MODEL MODEL	MODEL (YEAR)	
AUTOMOBILE	Dodge	4 Door	Charger	2016	2C3CDXAT3GH356892
ORIGIN	A loss caused by Officer E about the hour of 12:00 Al the full particulars of which are	as follows: (State where and how it o	occurred) Nc 73 Between	Eastlake Ln Ai	nd Club Dr Stanley
TITLE AND INTEREST	conditional sale, mortgage, or N/A	other encumbrance or otherwise, exce	ept:		any interest therein, by ballment lease,
OTHER INSURANC	N/A	was no other insurance on said automo id automobile was being used for			,
USE .	With the different fire soon, and an	_	(PLEAS and was not being use	URE, BUSINESS ad to carry pass	OR COMMERCIAL PURPOSES) sengers for compensation of rental or leased or
				dan Mala Dellaw	are as follows:
THE ACTUAL		actual loss and damage sustained, ar	AMOUNT D		AMIDDITI DESIGNA
OADII VIII -		\$2,972.25	\$50	0.00	\$2,472.25
	that he has against any parso insurance company to sue an The insured hereby warrants in damages to the insured will tamage did not originate by any a	n, firm or corporation liable for the joss of y such third party in his name. that no release hat been given or will be h respect to the claim being made herein ct, design or procurement on mylour part	damage to the property to: given or settlement or comit , , nor on the part of anyone it	promise made on making interest in the concession	over to the insurance company all rights, claims or the made or advanced. He also hereby authorized the regreed upon with any third party who may be liable the property insured, or in the said policy of d. ance company is not a waiver of any of its rights. CAUTION
State of	orth Carolina		_ yad	leegy	LAMON COMMUNICATION OF THE PERSON OF THE PER
Subscribed ar	nd sworn to before ime this	16th	day of Fe	pryady	20 ISLAN TARY
	g	PAYMENT A	UTHORIZATIO	N .	NOTARY PUBLIC A WY COMM.
		de anno et the cetters on fol	laum:		S Rigurance Company S. ENBURG.
150 Hall	lested, authorized and emp	owered to pay, at its option, as fol	10410.	The sum of	\$ MILLENBURGHIN
To				The sum of	\$ amiliation
To To				The sum of	\$
Witness:		ļusui	Amount Claimed Und	der Policy \$.	Title
Address		Ву			1 160
Witness:		Loss By	Payee		Title