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STATE OF MICHIGAN
IN THE SUPREME COURT

WILLIE GRIFFIN, Plaintiff/Appellant v TRUMBULL INSURANCE COMPANY, ALLSTATE INSURANCE COMPANY, MICHIGAN ASSIGNED CLAIMS PLAN, Defendants/Appellees.	Supreme Court Case No. 162419 Court of Appeals Case No. 344272 Wayne County Circuit Court Case No. 17-006082-NF Hon. Susan L. Hubbard

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DEFENDANT-APPELLEE MICHIGAN ASSIGNED CLAIMS PLAN'S APPENDIX

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LIST OF EXHIBITS

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Exhibit A

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Thank you for choosing Allstate

Allstate.
You're in good hands.

Proof of Insurance Card

For your convenience, two insurance cards have been included for each vehicle. State law requires that one of these cards be kept in each vehicle. Please place them in your vehicles by the effective date.

Allstate.
You're in good hands.

Please use the printed Insurance Cards below.

Allstate.
You're in good hands.

Please use the printed Insurance Cards below.

Allstate.
You're in good hands.

Please use the printed Insurance Cards below.

Allstate.
You're in good hands.

Please use the printed Insurance Cards below.

RTIFICATE OF
) FAULT INSURANCE

Allstate.
You're in good hands.

ite of Michigan
state Property and Casualty Insurance Company
uthorized Michigan insurer, certifies that it has issued a policy complying with
294, P.A. 1972 as amended for the described motor vehicle.

rgaret Daniels Apt 101
30 Karen Parkway
terford MI 48328-4640

EXPIRATION DATE
05/01/17
YEAR / MAKE / MODEL
2004 Honda GL1800

JCY NUMBER
5 684 697
ECTIVE DATE
01/16

VEHICLE ID NUMBER
1HFSC47054A300992

: This is not a guarantee that the policy will remain in effect until the stated expiration date.
ALTERATIONS WILL VOID THIS CARD. WARNING: KEEP THIS CERTIFICATE IN YOUR
ICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be
ponsible for a civil infraction.

CERTIFICATE OF
NO FAULT INSURANCE

Allstate.
You're in good hands.

State of Michigan
Allstate Property and Casualty Insurance Company
An authorized Michigan insurer, certifies that it has issued a policy complying with
Act 294, P.A. 1972 as amended for the described motor vehicle.

Margaret Daniels Apt 101
3630 Karen Parkway
Waterford MI 48328-4640

EXPIRATION DATE
05/01/17
YEAR / MAKE / MODEL
2004 Honda GL1800

POLICY NUMBER
906 684 697
EFFECTIVE DATE
05/01/16

VEHICLE ID NUMBER
1HFSC47054A300992

Note: This is not a guarantee that the policy will remain in effect until the stated expiration date.
ANY ALTERATIONS WILL VOID THIS CARD. WARNING: KEEP THIS CERTIFICATE IN YOUR
VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be
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294, P.A. 1972 as amended for the described motor vehicle.

rgaret Daniels Apt 101
0 Karen Parkway
terford MI 48328-4640

EXPIRATION DATE
05/01/17
YEAR / MAKE / MODEL
2011 Honda VT750C

ICY NUMBER
6 684 697
ECTIVE DATE
01/16

VEHICLE ID NUMBER
JH2RC5007BK701130

: This is not a guarantee that the policy will remain in effect until the stated expiration date.
ALTERATIONS WILL VOID THIS CARD. WARNING: KEEP THIS CERTIFICATE IN YOUR
ICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be

CERTIFICATE OF
NO FAULT INSURANCE

Allstate.
You're in good hands.

State of Michigan
Allstate Property and Casualty Insurance Company
An authorized Michigan insurer, certifies that it has issued a policy complying with
Act 294, P.A. 1972 as amended for the described motor vehicle.

Margaret Daniels Apt 101
3630 Karen Parkway
Waterford MI 48328-4640

EXPIRATION DATE
05/01/17
YEAR / MAKE / MODEL
2011 Honda VT750C

POLICY NUMBER
906 684 697
EFFECTIVE DATE
05/01/16

VEHICLE ID NUMBER
JH2RC5007BK701130

Note: This is not a guarantee that the policy will remain in effect until the stated expiration date.
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responsible for a civil infraction.

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Exhibit B

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esurance

Esurance Insurance Services, Inc.
P.O. Box 5250
Sioux Falls, SD 57117-5250
1-800-ESURANCE(1-800-378-7262)

Esurance Property &
Casualty Insurance Company
650 Davis Street
San Francisco, CA 94111

Policy Declarations Page
Personal Automobile Policy – Original

Policy Number	Effective Date	Expiration Date	Policy Term
PAMI-006430987	December 03, 2015	June 03, 2016 @ 12:01 AM	6 Months

Named Insured and Address	Rated Operators	Driver Type	Year of Birth
MARGARET DANIELS 3630 KAREN PKWY 101 WATERFORD, MI 48328 Email: willie3774@att.net	1 MARGARET DANIELS	Named Insured	1958

Vehicle #	Year	Vehicle Description	Vehicle Identification Number
1	2015	Hyundai ELANTRA SE/SPORT/LIMITED	5NPDH4AE8FH577673

Policy Coverage is provided only where a premium and limit or deductible are shown.

Liability Coverages		Premium	Deductible
BODILY INJURY	50,000/person 100,000/ accident	241.00	
PROPERTY DAMAGE	50,000/accident	6.00	
PROPERTY PROTECTION	1,000,000/accident	13.00	
LIMITED PROP DAMAGE	1,000/clmt veh	13.00	
PIP PRIMARY MEDICAL		516.00	
PIP PRIMARY WORK LOSS		Included	500
UM/UIM BODILY INJURY	50,000/person 100,000/accident	26.00	

Vehicle Coverages	Vehicle 1		Vehicle		Vehicle		Vehicle	
	Premium	Deductible	Premium	Deductible	Premium	Deductible	Premium	Deductible
COMPREHENSIVE	62.00	1000						
COLLISION	345.00	1000						
COLLISION STANDARD	Included							
MCCA FEE	75.00							
RECOUPMENT FEE	32.00							
STATUTORY FEE	0.50							
FINANCE COMPANY NOTIFICATION FEE	3.00							

FULL TERM PREMIUM **$1,332.50**

This policy is effective at 12:01 AM on the date shown or the time the policy was purchased, whichever is later.

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Exhibit C

MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW
APPLICATION FOR BENEFITS

DATE	OUR POLICYHOLDER	ACCIDENT DATE	FILE NUMBER
June 6, 2016	WILLIE GRIFFIN	May 6, 2016	PA0016802222

The no-fault law provides benefits for medical expenses, wage loss and replacement services, as well as survivors' loss. To enable us to determine if you are entitled to any of these benefits please complete this application form and return it promptly.

WILLIE GRIFFIN
255 CARRIAGE CIRCLE DR APT 331
PONTIAC, MI 48342

TO: The Hartford, Auto Managed Care
Kim Reed
P.O. Box 14269
LEXINGTON, KY 40512

FOLD HERE

IMPORTANT—TO BE ELIGIBLE FOR BENEFITS, YOU MUST:
(1) Complete, sign & return this application no later than one (1) year from the date of the accident.
(2) Submit bills for expenses promptly, but no later than one (1) year from the date the expense was incurred.
(3) Sign the attached authorization(s).

general

APPLICANT'S NAME	HOME PHONE	BUSINESS PHONE
Willie Griffin	248-778-7333	

ADDRESS (NO., STREET, CITY OR TOWN, STATE, ZIP)	BIRTHDATE	SOCIAL SECURITY NO.
255 Carriage Circle Dr., Pontiac, MI 48342	[redacted]	XXX-XX[redacted]

DATE AND TIME OF ACCIDENT	PLACE OF ACCIDENT (STREET, CITY OR TOWN AND STATE)
5 / 6 / 16 7:09 p.m.	SB Dixie Hwy., Waterford, MI

BRIEF DESCRIPTION OF ACCIDENT:
I was drving my motorcycle sb on Dixie Hwy when a truck swerved into my lane causing me to lose control of my motorcyle and sustain injuries.

DESCRIBE MOTOR VEHICLES OWNED BY YOU, YOUR SPOUSE, OR RELATIVES OF EITHER YOU OR YOUR SPOUSE RESIDING IN THE SAME HOUSEHOLD ON THE DAY OF THE ACCIDENT:

VEHICLE	LIC. PLATE NO.	OWNER	INSURER	POLICY NUMBER
07 Chevrolet		Willie Griffin	Hartford	55 PHT717508
78 Chevrolet		Willie Griffin	Hartford	55 PHT717508

☐ CHECK HERE IF THERE ARE NO VEHICLES IN THE HOUSEHOLD.

medical

DESCRIBE THE INJURY WHICH RESULTED FROM THIS ACCIDENT:
Multiple body injuries including, but not limited to, injuries to the ribs collarbone, shoulders, head, right hand/arm, neck and back. Scars.

WERE YOU TREATED BY A DOCTOR?	NAME, ADDRESS & PHONE OF DOCTOR(S) PROVIDING TREATMENT:
☒ YES ☐ NO	Dr. Collin O'Keefe, 23000 Haggerty Rd., #1110, West Bloomfield, MI 48323

IF TREATED IN A HOSPITAL, WERE YOU	HOSPITAL'S NAME AND ADDRESS
☒ IN-PATIENT? ☐ OUT-PATIENT?	McLaren - Pontiac

DO YOU EXPECT TO HAVE MORE MEDICAL TREATMENT?	HAVE YOU RECEIVED ANY BENEFITS UNDER A MEDICAL PLAN OR HEALTH INSURANCE?
☒ YES ☐ NO ☐ UNDETERMINED	☒ YES ☐ NO

NAME OF YOUR MEDICAL PLAN, INS. COMPANY, GOVT. PROGRAM OR HMO: Medicare and Medicaid

POLICY OR PLAN NUMBER:

NAME

ADDRESS

CITY STATE ZIP

IDENTIFICATION NO.

TELEPHONE NO. ( )

2 MT00145 73017174
HIGC-C03600-Y33 AF 60426

PCN: 30014201607073017174 DCN: 300142016070730171740001 Received Date/Time: 7/7/2016 7:00:00 AM Page 2 of 6

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HAVE YOU RECEIVED ANY MEDICAL TREATMENT FOR THE SAME OR SIMILAR SYMPTOMS PRIOR TO THIS ACCIDENT? ☒ YES ☐ NO	IF YES, LIST NAME, ADDRESS & PHONE OF PHYSICIAN(S) PROVIDING TREATMENT: Dr. Swilly (248-338-2793 Dr. Singleton - psychiatric
WERE YOU ON THE JOB WORKING WHEN THE ACCIDENT OCCURED? ☐ YES ☒ NO	

DATE DISABILITY FROM WORK BEGAN	DATE RETURNED OR ANTICIPATE RETURNING TO WORK	AVG. WEEKLY WAGE/SALARY
N/A		

wage loss

HAVE YOU RECEIVED ANY BENEFITS UNDER WORKERS' COMPENSATION, SOCIAL SECURITY, OR ANY WAGE OR SALARY CONTINUATION PLAN?
☒ YES ☐ NO

IF YES, INDICATE SOURCE OF PAYMENT: SSI

AMOUNT OF PAYMENT PER MONTH: $ PER WEEK: $

ARE YOU CURRENTLY RECEIVING UNEMPLOYMENT BENEFITS? ☐ YES ☒ NO

LIST NAMES, ADDRESSES & PHONES OF PRESENT EMPLOYER(S):

None

NAME, ADDRESS & PHONE — OCCUPATION — DATE HIRED

NAME, ADDRESS & PHONE — OCCUPATION — DATE HIRED

AS A RESULT OF YOUR INJURY, HAVE YOU INCURRED ANY OTHER EXPENSES, SUCH AS TRANSPORTATION COSTS OR EXPENSES FOR SERVICES YOU WOULD HAVE PERFORMED FOR YOURSELF OR YOUR DEPENDENTS? ☒ YES ☐ NO. IF YES, EXPLAIN ON A SEPARATE SHEET AND ATTACH.

Replacement services, attendant care, mileage.

exp.

THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF APPLICANT OR PARENT OR GUARDIAN — DATE: 6-25-2016

DO NOT DETACH

AUTHORIZATION FOR MEDICAL INFORMATION

THIS AUTHORIZATION OR PHOTOCOPY HEREOF, WILL AUTHORIZE A PHYSICIAN, HOSPITAL, CLINIC, OR OTHER MEDICAL INSTITUTION TO FURNISH ALL INFORMATION YOU MAY HAVE REGARDING MY CONDITION WHILE UNDER YOUR OBSERVATION OR TREATMENT, INCLUDING THE HISTORY OBTAINED, X-RAY AND PHYSICAL FINDINGS DIAGNOSIS AND PROGNOSIS. YOU ARE REQUIRED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW, P.A. 294 OF THE PUBLIC ACTS OF 1972.

SIGNATURE OF APPLICANT OR PARENT OR GUARDIAN — DATE 6-25-2016

DO NOT DETACH

AUTHORIZATION FOR WAGE AND SALARY INFORMATION

THIS AUTHORIZATION OR PHOTOCOPY HEREOF, WILL AUTHORIZE YOU TO FURNISH ALL INFORMATION YOU MAY HAVE REGARDING MY WAGES OR SALARY WHILE EMPLOYED BY YOU. YOU ARE REQUIRED TO PROVIDE THIS INFORMATION IN ACCORDANCE WITH THE MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW, P.A. 294 OF THE PUBLIC ACTS OF 1972.

SIGNATURE — DATE 6-25-2016

SOCIAL SECURITY NUMBER [redacted]

Writing Company: Trumbull Insurance Company

MT00145
HIGC-C03600-Y33 AF 60426

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Exhibit D

PAVEX

Site Work • Underground Utilities • Asphalt Paving

Anselmi Mierzejewski Ruth & Sowle P.C.
1750 South Telegraph Road, Suite 306
Bloomfield Hills, Michigan 48302-0166
Attn: Mark L. Nawrocki

RE: Willie Griffin V Michigan Assigned Claims Plan, et al

Dear Mr. Nawrocki:

As per our conversation of 11-6-2017, I have enclosed the following documents regarding the above referenced matter.

1. Copy of State of Michigan Traffic Crash report.
2. Copy of Incident or Accident Investigation Form as filled out by our driver, Gilbert Gonzalez.
3. A copy of the Waterford Police Department Accident/Crash Information Slip, containing an Incident Number.
4. A copy of the current Michigan Registration for the vehicle along with a copy of the Certificate of Insurance in effect at the time of the incident.

Sincerely

Thomas J. Cicotte

2654 Van Horn Road
Trenton, MI 48183
734-676-6220, telephone
734-818-1685, fax
pavexco@gmail.com

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Authority: 1949 PA 300, Sec. 257.622
Completion: Required MSP UD-10A
Penalty: $100 and/or 93 days (Rev 11/2006)

External # 00654640 Crash ID 654640

Page 1 of 1
Incident # 160010918 File Class 5400

STATE OF MICHIGAN TRAFFIC CRASH REPORT

Incident Disposition: CLOSED

DAR: MI6380800
Department Name: WATERFORD PD
Reviewer: WHITE (00233)

Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances	Special Checks
05/06/2016	19:09	1	1-SINGLE MOTOR VEHIC	None / School Bus / Hit and Run / Deer / Fleeing Police	Fatal / Non-Traffic Area / DRV/Snowmobile

County	Traffic Control	Relation to Roadway	Special Study	Weather	Area
63 - OAKLAND	NONE OF THESE	ON ROAD		CLEAR	10-NON-FRWY STRAIGHT ROADWAY

City/Twp	Construction Zone (if applicable) Type	Lane Closed	Activity	Light	Road Condition	Total Lanes	Speed Limit	Police
21 - WATERFORD TWP				DAYLIGHT	DRY	5	45	YES

LOCATION

Prefix	Road Name	Road Type	Suffix	Divided Roadway
	DIXIE	HWY		

Distance	Traffic Way	Access Control
1000 FT SE	1-NOT PHYSICALLY DIVIDED	1-NO ACCESS CONTROL

Prefix	Intersecting Road	Road Type	Suffix	Divided Roadway
	HATCHERY	RD		

VEHICLE

Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
1	Y	MI		(67)	Operator / Chauffer / Moped	Cycle / Farm / Recreation	M	1	00-NONE

Unit Type	Owner Information	Injury	Position	Restraint	Hospital
M	WILLIE L GRIFFIN	B	01	12	630120-PONTIAC OSTEOPATHIC HOSPITAL

Driver Condition	Interlock	Ejected	Trapped	Airbag Deployed	Ambulance
1 2 3 4 5 6 7 8 9 99	NO	NO	NO	NO	631016-WATERFORD TWP FIRE DEPT.

Alcohol	Test Results	Drugs	Test Results	Citation Issued
Yes / No / Refused / Not Offered — Test Type: Field / PBT / Breath / Blood / Urine		Yes / No — Test Type: Blood / Urine		Hazardous / Other — Citation:

Vehicle Registration	State	Insurance Policy #	Towed To/By	Special Vehicles	Private Trailer Type	Vehicle Defect
3PB87	MI	ALL STATE 906634697	METRO TOWING (248) 623-1010	0		

VIN	Vehicle Description	Make	Model	Color	Year	Vehicle Type
1HFSC47054A300992		HONDA	GOLDWING	RED	2004	05-CYCLE

Location of Greatest Damage	First Impact	Extent of Damage	Drivable	Vehicle Direction	Vehicle Use	Action Prior
2	2	2	YES	SE	01-PRIVATE	01-GOING STRAIGHT AHEAD

Sequence of Events (* indicates MOST harmful event)	First	Second	Third	Fourth
	01-LOSS OF CONTROL	* 03-RAN OFF ROADWAY-LEFT	34-CURB	

PASSENGERS

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance

TRUCK/BUS

Carrier Information	Carrier Source	OVWR	ICCMC	USDOT	MPSC

Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions
	CH CP CT CN CS CX	Farm / Other	28 20 30 35 39

Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit: First	Second	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material: Placard / Cargo Spill	ID #	Class #

OWNERS

Owner Information	Owner Information

Person Advised of Damaged Traffic Control	Damaged Property	Public
Contact Name: Contact Date: Contact Time:	Owner & Phone	

PASSENGERS

Passenger Information

Date of Birth (Age) | Sex | Position | Restraint | Hospital
Injury | Airbag Deployed | Ejected | Trapped | Ambulance

Passenger Information

Date of Birth (Age) | Sex | Position | Restraint | Hospital
Injury | Airbag Deployed | Ejected | Trapped | Ambulance

Passenger Information

Date of Birth (Age) | Sex | Position | Restraint | Hospital
Injury | Airbag Deployed | Ejected | Trapped | Ambulance

Passenger Information

Date of Birth (Age) | Sex | Position | Restraint | Hospital
Injury | Airbag Deployed | Ejected | Trapped | Ambulance

Passenger Information

Date of Birth (Age) | Sex | Position | Restraint | Hospital
Injury | Airbag Deployed | Ejected | Trapped | Ambulance

Passenger Information

Date of Birth (Age) | Sex | Position | Restraint | Hospital
Injury | Airbag Deployed | Ejected | Trapped | Ambulance

COMMERCIAL VEHICLE

Carrier Source | GVWR | ICCMC | USDOT | MPSC

Driver's CDL Type | Endorsements (H P O T N S X) | CDL Exempt (Farm / Other) | CDL Restrictions (20 29 30 35 38)

Interstate/Intrastate | Vehicle Type | Type & Axle Per Unit (First Second Third Fourth) | Cargo Body Type | Medical Card | Hazardous Material (Placard / Cargo Spill) | ID # | Class #

OWNERS

Owner Information

Owner Information

WITNESS

Witness Information
GILBERT GONZALEZ
Age:

Witness Information
CHERYL LYNN ANSEL
Age:

Investigated at Scene: YES | Reported Date (Time): 05/09/2015 (19:09) | 1st Investigator Name (Badge): MOQUINB (803) | 2nd Investigator Name (Badge) | Photos By

Narrative

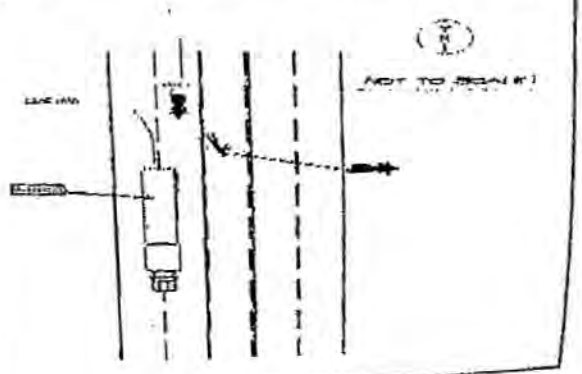
#1 WAS S/B ON DIXIE HWY. #1 SAID HE LOST CONTROL WHEN A BIG TRUCK WITH A TRAILER CHANGED LANES.

WITNESS IN THE TRUCK STATED HE WAS CHANGING LANES. WITNESS OBSERVED #1 BEHIND HIM ROUGHLY 5 TO 6 CAR LENGTHS. WITNESS STATED WHEN HE MADE THE LANE CHANGE, HE HEARD A CRASH BUT NO CONTACT WAS MADE WITH HIS TRUCK OR TRAILER.

WITNESS 2 STATED #1 LOST CONTROL WHEN THE TRUCK CHANGED LANES. WITNESS 2 SAID NO CONTACT WAS MADE WITH #1 AND THE TRUCK. WITNESS 2 SAID #1 OVER REACTED AND LOST CONTROL OF THE CYCLE.

#1 WAS TRANSPORTED TO MCLAREN FOR MULTIPLE INJURIES. THE MOTORCYCLE WAS TOWED VIA METRO TOWING.

Diagram



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Incident or Accident Investigation Form

Job # _____ Job Name: _____

Particulars of Accident

Date of accident 5/6/2016

Mon Tues Wed Thur (Fri) Sat Sun (circle appropriate day)

Time 7:00 PM

Location Dixie Hwy just north of Hathory Waterford, MI

Date reported 5/6/2016

The Injured Person

Name Motorcycle rider ?

Address

Phone number

Date of accident

Damaged Property

Property/material damaged

Make and model Motorcycle damaged

Serial or VIN #

Nature of damage

Retail value

Cost of loss (provide estimate)

2654 Van Horn Road
Trenton, MI 48183
734-676-6220, telephone
734-818-1685, fax
pavexco@gmail.com

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The Accident

Description

Describe what happened (space on back for diagram—essential for all vehicle accidents)
Returning to Van Horn from Waldon Rd. jobsite. Headed north on Dixie Hwy. traveling in rt. lane made lane change to left lane occupied by motorcycle. Turn signal remained on paused in left lane for 1-2 seconds then made another lane change to center (left turn) lane. As I was completing that lane change saw in mirror that motorcycle lost control and crashed.

Analysis

What were the causes of the accident?
I had enough distance between motorcycle and my truck to safely change lanes. Motorcycle never made contact with my vehicle. My best guess is that motorcycle attempted to pass me in left turn lane not realising that I would make second lane change.

Prevention

What action has or will be taken to prevent a recurrence?

By whom In the future I will be extra careful when close to motorcycles. I should just let motorcycle pass me

When no matter how much room to change lanes. Then make lane change.

Investigation of Accident

Accident investigated by Waterford police. Third party witness behind motorcycle gave statement to police

Police report number (if filed) confirming that our vehicle never made contact. I was issued no ticket

Date I was not at fault. It was unfortunate accident. I will do my best to avoid any like this thing again.

2654 Van Horn Road
Trenton, MI 48183
734-676-6220, telephone
734-818-1685, fax
pavexco@gmail.com

Gilbert Gonzalez
service truck driver - Paving crew
Gilbert Gonzalez
5/10/2016

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WATERFORD PD
5150 CIVIC CENTER DR
WATERFORD MI 48329

Accident/Crash Information Slip (ID: 654640)

Crash Details:

Incident Number	Officer
160010918	MCQUINB (603)
Crash Date/Time	**Location**
05/06/2016 07:09 PM	DIXIE & HATCHERY

Service Provided By:

CLEMIS

For more information visit **www.clemis.org**
For purchases, payments and other services visit
https://payments.clemis.org/extservices

GONZALES
WITNESS

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STATE OF MICHIGAN CERTIFICATE OF NO-FAULT INSURANCE

COMPANY
Harleysville Insurance Company

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
BA00000042434S	11/17/2015	11/17/2016

YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
1995	International 4	1HTSDAAN3SH214906

AGENCY/COMPANY ISSUING CARD
ZERVOS GROUP, INC.

INSURED
PAVEX CORPORATION, INC.
2654 Van Horn
Trenton, MI 48183

An authorized Michigan insurer, certifies that it has issued a policy complying with Act 294, P.A. 1972, as amended for the described motor vehicle.

WARNING: KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES. If you fail to produce it upon a police officer's request, you will be responsible for a civil infraction. **# 20678**

Michigan Law (MCLA 500.3101) requires that the owner or registrant of a motor vehicle registered in this state must have insurance or other approved security for the payment of no-fault benefits on the vehicle at all times. An owner or registrant who drives or permits a vehicle to be driven upon a public highway without the proper insurance or other security is guilty of a misdemeanor.

An owner or registrant convicted of such a misdemeanor shall be fined not less than $200.00 nor more than $500.00, or imprisoned for not more than 1 year, or both.

A PERSON WHO SUPPLIES FALSE INFORMATION TO THE SECRETARY OF STATE OR WHO ISSUES OR USES AN INVALID CERTIFICATE OF INSURANCE IS GUILTY OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT MORE THAN 1 YEAR, OR A FINE OF NOT MORE THAN $1,000.00, OR BOTH.

If this vehicle is driven by the person(s) named below, residual liability insurance does not apply and the vehicle will be considered uninsured:

_____

_____

WARNING - when a named excluded person operates a vehicle, all liability coverage is void - no one is insured. Owners of the vehicle and others legally responsible for the acts of the named excluded person remain fully responsible.

ACORD 50 MI (8/93) © ACORD CORPORATION 1993

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AS 75

MICHIGAN REGISTRATION

RUTH JOHNSON
Secretary of State

Plate: AC31739 Expires: 10/20/2017
RENEWAL OF AC31739
1995 INTERNATIONA VAN
Vehicle No.: 1HTSDAAN3SH214906 Fee Cat. or Wt.: 048000
M 625 098 285 599 County: WAYNE

PAVEX CORPRATION
9786 HAWTHORNE GLEN DR
GROSSE ILE MI 48138


AC31739 P

License Fee: 311.00

07202017 A6 F201 110 0121 311.00

TR-11

17

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Exhibit E

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STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

WILLIE GRIFFIN,

Plaintiff,

-v-

Case No. 17-006082-NF
Hon. Susan L. Hubbard

TRUMBULL INSURANCE COMPANY, et al.,

Defendants.
_____/

OPINION and ORDER
RE: DEFENDANTS' MOTIONS FOR
SUMMARY DISPOSITION TAKEN UNDER ADVISEMENT

At a session of said Court, held in the City of
Detroit, County of Wayne, State of Michigan
On 4/27/2018

PRESENT: HON. SUSAN L. HUBBARD
Civil Court Judge
/s/ Susan L. Hubbard

The above captioned matter having come before the Court on motions for summary disposition under MCR 2.116(C)(10) filed by Defendant Trumbull Insurance Company and Defendant Michigan Assigned Claims Plan; and the Court, having taken the matters under advisement for further briefing, issues the following opinion and order.

The facts in the case are undisputed. On May 6, 2016 while on his motorcycle, Plaintiff was in an accident when a truck pulled into Plaintiff's lane of traffic; Plaintiff swerved off the road, but did not strike the truck. No information about the truck was placed in the police report of the incident, but a witness in the truck, Gilbert Gonzalez, (presumably, the driver) was identified on the report. Counsel for plaintiff sent Mr. Gonzalez a letter dated May 11, 2016 warning Mr. Gonzalez that the firm had been retained to prosecute a claim as a result of the accident. Counsel for Plaintiff never received an answer to the letter from Gonzalez.

Ultimately, Plaintiff filed this lawsuit on April 21, 2017 against insurance companies, the Michigan Assigned Claims Plan, and "John Doe Insurance Company." Several insurance companies have been dismissed from the lawsuit, leaving Trumbull, which is the insurer of Plaintiff's motor vehicle, MACP, and John Doe. In October 2017, in response to a subpoena from Trumbull, Gonzalez was deposed and testified to the name of the company he was employed by at the time he was driving the truck. With information, it was determined that Harleysville was the insurer of the truck and is therefore the highest priority insurer under MCL 500.3114(5).

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The question before the Court, therefore, is whether Harleysville, the highest priority insurer under the statute, was discoverable within 1 year of the accident, and if so, should Trumbull be dismissed.

In requesting additional briefing in this case, the Court was considering the rulings in *Levander v Home Owners,* Court of Appeals #320101 (2015) and *Maroky v Encompass,* Court of Appeals #333489 (2017) which involved similar factual and legal issues. In *Levander* the lower court granted summary disposition to Home Owners, the plaintiff's motor vehicle insurer. The Court of Appeals remanded for the lower court to consider whether the insurer of the motor vehicle involved in the motorcycle accident was identifiable to Plaintiff, where the involved motor vehicle driver was identified on the police report, but as a witness. In *Maroky,* however, the highest priority insurer was not sued timely and the Court of Appeals found that merely because a plaintiff would be otherwise unable to recover PIP benefits did not invalidate the statutory priority laws.

To that end, in support of his claim that Harleysville was not readily identifiable, Plaintiff relies on the letter sent by plaintiff's counsel to Gonzalez on May 11, 2016 and an investigation report dated April 19, 2017 from an entity called MEA Research Services, Inc., Ltd, in which it states that they were unable to locate any valid insurance on Gilbert Gonzalez. Plaintiff also relies on Defendant Trumbull's efforts during claim investigation to identify the owner of the involved motor vehicle.

The Court agrees with Defendant Trumbull that with reasonable diligence Gonzalez's employer could have been identified and through the employer, the insurance carrier. Plaintiff does not document any attempts to contact Gonzalez except for the May 11, 2016 letter. Notably, that letter does not ask for any information from Gonzalez it merely advises that counsel has been retained and suggests that Gonzalez contact his own insurance agent. The MEA report merely states that they were unable to find insurance in Gonzalez's name; indeed, the truck Gonzalez was driving was not insured in his name.

Therefore, the Court grants Defendant Trumbull Insurance Company's motion for summary disposition because it is not the highest priority insurer as set forth at MCL 500.3114(5).

The Court also grants summary disposition to Defendant Michigan Assigned Claims Plan finding that there is no basis under MCL 500.3172 for maintaining an action against this Defendant. There is no dispute between two or more insurers, and as stated above, there is an identifiable insurer of highest priority.

SO ORDERED.

/s/ Susan Hubbard 4/27/2018

Hon. Susan L. Hubbard P44546