

IN THE CIRCUIT COURT OF THE 15TH
JUDICIAL CIRCUIT, IN AND FOR PALM
BEACH COUNTY, FLORIDA

CASE NO.:

CONCIAMENE METELLUS,

Plaintiff,

vs.

CITY OF DELRAY BEACH

Defendants.

COMPLAINT FOR DAMAGES

The Plaintiff, CONCIAMENE METELLUS, by and through his/her undersigned attorney, sues the Defendant, CITY OF DELRAY BEACH, and alleges as follows:

1. That this is an action for damages in excess of Fifty Thousand (\$50,000.00) Dollars.
2. That at all times material hereto, the Plaintiff, CONCIAMENE METELLUS, was a resident of Palm Beach County, Florida and is otherwise *sui juris*.
3. That at all times material hereto, the Defendant, CITY OF DELRAY BEACH, was a political sub-division of the State of Florida, conducting business in Broward County, Florida.
4. At all times material hereto the Defendant, CITY OF DELRAY BEACH, was and is a political subdivision or agency of Palm Beach County, Florida engaging in activity more particularly described below. The activity is an operational level of decision making within the Defendant. Since this activity does not involve discretionary government functions, the Defendant is not immune from tort liability. Thus, in accordance with Article X, Section 13 of the Florida Constitution, the Defendant waives sovereign immunity from liability for tort.

5. Plaintiff has complied with the notice requirement of Fla. Stat. §768.28 (exhibits A, B correspondence sent via Certified Mail).

6. At all times material hereto, CITY OF DELRAY BEACH, had an ownership, rental, bailment or leasehold interest in a 2014 Ford Taurus with Vehicle Identification number 1FAHP2MK1EG122070

7. At all relevant times to this action, Brian Lopez was an employee, agent, servant and/or independent contractor of Defendant CITY OF DELRAY BEACH and was acting within the course and scope of that relationship.

8. At all times material to this action and at the time of the incident complained of, the CITY OF DELRAY BEACH'S employee, Brian Lopez, operated the subject vehicle described in the complaint.

COUNT I – NEGLIGENCE AGAINST CITY OF DELRAY BEACH

9. That on or about 05/14/2022, Defendant, CITY OF DELRAY BEACH owned a truck which was in the possession, custody and control of Defendant's employee, Brian Lopez.

10. That CITY OF DELRAY BEACH'S employee, Brian Lopez had the implied and/or expressed consent of CITY OF DELRAY BEACH on or about 05/14/2022 to operate said truck owned by CITY OF DELRAY BEACH.

11. That on or about 05/14/2022, Defendant CITY OF DELRAY BEACH'S employee Brian Lopez operated the motor vehicle, owned by Defendant, CITY OF DELRAY BEACH, at or near West Lantana Road in Palm Beach County, Florida.

12. That at the aforesaid time and place, Defendant's employee Brian Lopez owed Plaintiff and the general public a duty to operate the vehicle operated by CITY OF DELRAY BEACH in a reasonable and safe manner and Brian Lopez breached said duty by:

- a) Defendant negligently operated and/or maintained the motor vehicle so that it rear-ended the Plaintiff's vehicle;
- b) Defendant negligently failed to slow and/or stop the vehicle and thereby struck the Plaintiff's vehicle;
- c) Defendant negligently failed to maintain the vehicle in the stopped position and thereby struck the Plaintiff's vehicle;
- d) Defendant negligently operated his vehicle at an unsafe and excessive speed and struck Plaintiff's vehicle;
- e) Defendant negligently failed to keep a proper lookout and struck Plaintiff's vehicle;
- f) Defendant negligently operated his vehicle in a careless manner as to lose control of the vehicle and striking Plaintiff's vehicle;
- g) Defendant negligently failed to take evasive action as to avoid striking Plaintiff's vehicle;
- h) That Defendant negligently operated a motor vehicle at a speed that was greater than what was reasonable and prudent under the conditions and without regard to the actual and potential hazards then existing;

13. That as a direct and proximate result of Defendant, CITY OF DELRAY BEACH's, aforesaid negligence, Plaintiff, CONCIAMENE METELLUS, suffered bodily injury and resulting pain and suffering, disability, disfigurement, mental anguish, loss of capacity for the enjoyment of life, expense of hospitalization, medical and nursing care and treatment, loss of earnings, and loss of ability to earn money. The losses are either permanent or continuing, and Plaintiff will suffer the losses in the future.

WHEREFORE, Plaintiff, CONCIAMENE METELLUS, demands judgment against the Defendant, CITY OF DELRAY BEACH, for compensatory damages in excess of Fifty Thousand

(\$50,000.00) Dollars, in addition to taxable costs. Plaintiff further demands trial by jury on all issues so triable as of right by jury.

DATED this 13th day of January, 2026.

MILLER LAW GROUP, P.A.
1937 East Atlantic Boulevard, Suite 204
Pompano Beach, Florida 33060
Telephone: (954)972-8011
Telefax: (954)782-3636
Primary E-Mail: litigation@millerlaw.legal

/s/ Mohammed Haider

By: _____

MOHAMMED HAIDER
Florida Bar No. 1003274

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EXHIBIT “A”

NOT A CERTIFIED COPY

MILLER LAW GROUP

1937 E. Atlantic Boulevard, Suite 204 • Pompano Beach, Florida 33060
Tel. 954.972.8011 • Fax: 954.782.3636

July 09, 2025

**CERTIFIED MAIL – RETURN
RECEIPT REQUESTED**
Article No.: 9589-0710-5270-0990-2516-18

City of Delray Beach
ATTN: Mayor Tom Carney
100 N.W. 1st Avenue
Delray Beach, FL 33444

RE: **Notice of Tort Action Pursuant to F.S. §768.28(6)**

Our Client : Ms. Conciamene Metellus
Your Insured : Brian Lopez
Your Claim No. : 394408
Date of Accident : 05/12/2026

Dear Mr. Mayor:

Pursuant to Florida Statute §768.28(6) you are notified of Ms. Conciamene Metellus intent to file a tort claims action for money damages against the City of Delray Beach for personal injuries sustained as a result of this entity's negligence on the aforementioned date. Pursuant to Florida Statute §768.28(6) please be further advised of the following:

1. Ms. Conciamene Metellus date of birth is 10/12/2000.
2. Ms. Conciamene Metellus place of birth is Haiti.
3. Ms. Conciamene Metellus Social Security Number is [REDACTED]
4. Further, there are no prior adjudicated unpaid claims in excess of \$200.00 owed by Ms. Conciamene Metellus to the state, its agency, officer or subdivision.

If you believe that this notice is in any way deficient and/or not in compliance with §768.26(6) please advise the undersigned immediately. Thank you for your anticipated cooperation.

Very truly yours,

/s/ Mohammed Haider

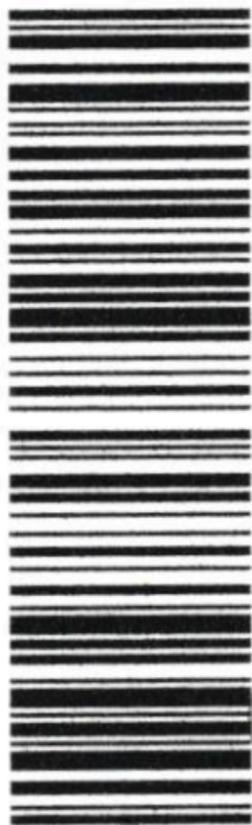
Mohammed Haider, Esq.

Cc: Department of Financial Services
Attn: Division of Risk Management
200 East Gaines Street
Tallahassee, Florida 32399-0338

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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U.S. Postal Service™
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OFFICIAL USE

Certified Mail Fee	
\$	_____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	_____
Total Postage and Fees	
\$	_____

Conciamene
Metellus

7/9/25 Postmark
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Sent To

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Street and Apt. No., or PO Box No.

.....
City, State, ZIP+4®

Certified Mail service provides the following benefits:

- A receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service™ for a specified period.

Important Reminders:

- You may purchase Certified Mail service with First-Class Mail®, First-Class Package Service®, or Priority Mail® service.
- Certified Mail service is *not* available for international mail.
- Insurance coverage is *not* available for purchase with Certified Mail service. However, the purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, and with a proper endorsement on the mailpiece, you may request the following services:
 - Return receipt service, which provides a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*; attach PS Form 3811 to your mailpiece;

for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.

- Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT: Save this receipt for your records.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Delray Beach
 Attn: Mayor Tom Carney
 100 N.W. 1st Avenue
 Delray Beach, FL 33444



9590 9402 8659 3244 6533 33

2. Article Number (Transfer from service label)

9589 0710 5270 0990 2516 18

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail

 Mail Restricted Delivery
 (0)

USPS TRACKING #



9590 9402 8659 3244 6533 33



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box*

M MILLER LAW GROUP
1937 East Atlantic Boulevard
Suite 204
Pompano Beach, FL 33060

Metellus, C.

EXHIBIT “B”

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MILLER LAW GROUP

1937 E. Atlantic Boulevard, Suite 204 • Pompano Beach, Florida 33060
Tel. 954.972.8011 • Fax: 954.782.3636

July 09, 2025

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RECEIPT REQUESTED**
Article No.: 9589-0710-5270-0990-2515-95

Department of Financial Services
Attn: Division of Risk Management
200 East Gaines Street
Tallahassee, Florida 32399-0338

RE: Notice of Tort Action Pursuant to F.S. §768.28(6)

Our Client : Ms. Conciamene Metellus
Your Insured : Brian Lopez
Your Claim No. : 394408
Date of Accident : 05/12/2026

Dear Sir or Madame:

Pursuant to Florida Statute §768.28(6) you are notified of Ms. Conciamene Metellus intent to file a tort claims action for money damages against the City of Delray Beach for personal injuries sustained as a result of this entity's negligence on the aforementioned date. Pursuant to Florida Statute §768.28(6) please be further advised of the following:

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Very truly yours,

/s/ Mohammed Haider

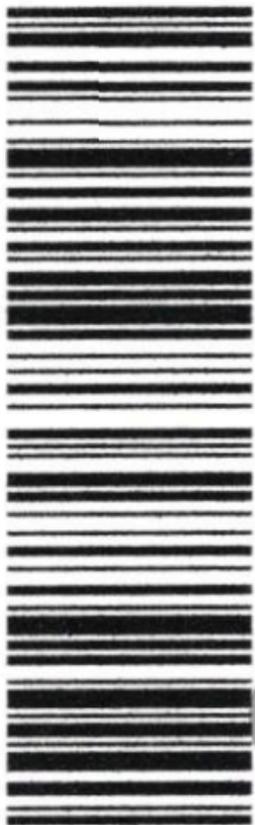
Mohammed Haider, Esq.

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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Conciamene
Metellus

Postmark

7/9/25 Here

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 Attn: Div. of Risk Management
 200 E. Gaines Street
 Tallahassee, FL 32399 - 0338



9590 9402 8659 3244 6535 48

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X Agent Addressee

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C. Date of Delivery

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- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail

Mail Restricted Delivery

30)

USPS TRACKING #



9590 9402 8659 3244 6535 48



First-Class Mail
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USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

M MILLER LAW GROUP
1937 East Atlantic Boulevard
Suite 204
Pompano Beach, FL 33060

metellus, c.