

852 Bayshore Lane
Moore, SC 29369
November 2, 2015

The Honorable Nikki Haley
Governor of South Carolina
Columbia, SC

Dear Governor Haley:

Even after several attempts, I have had great difficulty filing this folder away without forwarding on to you the letter I received from the SCDOT in April. I forward it because I have heard you speak many times about the state of our SC roadways.

Recognizing that any discussions regarding asphalt, and its application fall short of the drama involved in many of the issues facing state government at this time, but something as simple as a broken wheel and flat tire can put a big dent in a family budget. If I had been driving recklessly, or damaged my car in a ditch, I would have taken full responsibility.

I am forwarding a copy of my claim form, and a copy of Amanda Taylor's letter advising me that it *was my responsibility to advise SCDOT that I was going to travel on that section of damaged road a reasonable time in advance*. Until I received her informative letter, I would have presumed that the people of South Carolina would have expected the Department of Transportation to inspect and safely repair the roadways.

Sincerely,

A handwritten signature in black ink that reads "Dixie Wedeking". The signature is written in a cursive, flowing style.

Dixie Wedeking



South Carolina
Department of Transportation
Office of Chief Counsel

April 27, 2015

Linda C. McDonald
Chief Counsel

Assistant Chief Counsel
Natalie J. Moore
Barbara M. Wessinger
Beacham O. Brooker, Jr.
Amanda T. Taylor, Claims
Hart Baker

Claims Office
737-1260

Ms. Dixie G. Wedeking
852 Bayshore Lane
Moore, SC 29369

Date of Incident: 12/19/2014
DOT Claim Number: 15-15866
County of Incident: Spartanburg

Dear Ms. Wedeking:

SCDOT has completed its investigation of the above captioned incident in which you filed a claim for damages against the Department of Transportation. Please understand that SCDOT has a duty to pay only the claims which it legally owes.

The state law concerning claims against the government for damages due to roadway defects is the South Carolina Tort Claims Act. A copy of the relevant statute is included with this letter. This section of law states that SCDOT is not liable for paying a claim unless it had notice of the defect prior to the incident in question and failed to make a repair in a reasonable time. In other words, if SCDOT did not know of a defective condition, it cannot be held responsible for not repairing it.

SCDOT's investigation into your claim determined SCDOT did not have knowledge of the defect that you allege caused your damages prior to your incident. Therefore, SCDOT must respectfully deny your claim. Should you have any additional information that was not previously considered, please contact my office at your earliest opportunity.

Respectfully,

Amanda Turbeville Taylor
Assistant Chief Counsel
803 737-1260

ATT:vjy

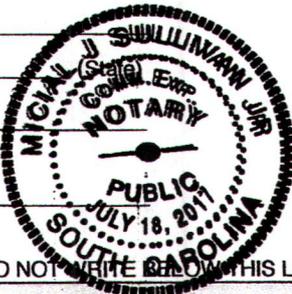
Enclosure

cc: S. Jackson-Amell, District Engineer Administrator

**SOUTH CAROLINA DEPARTMENT OF TRANSPORTATION
DAMAGE CLAIM FORM**

INSTRUCTIONS: Please type or print, except where signature is indicated. If this claim is being submitted for damage to a registered vehicle, the owner(s) of the vehicle must be the claimant(s). In addition to the 2062 Claim Form, two repair estimates or a paid invoice must be submitted to substantiate the amount being claimed. In the case of personal injury, or non-vehicular claims, documentation of losses will be required. All applicable fields on this form must be completed. Claimant(s) signature(s) must be properly notarized.

<u>DIXIE G. WEDEKING</u> Claimant(s)			Federal Employer Identification Number (FEIN) _____		
Contact Person (If claimant is a company or other organization) _____			<u>denmeisterhi@hotmail.com</u> Email Address		
<u>852 BAYSHORE LANE</u> Address (Street, Apartment Number, PO Box)			<u>MOORE</u> City	<u>SC</u> State	<u>29369</u> Zip
<u>(864) 285-4355</u> Home Phone	() <u>N/A</u> Work Phone	() _____ Cell Phone	Make <u>HYUNDAI</u> Model <u>SONATA</u>		<u>CTE 754 SC</u> Tag Number & State
<u>Amica</u> Insurance Company(s)			Agent(s) _____ Policy Number(s) _____ Phone(s) () _____ () _____		
<u>12/19/14</u> Date of Incident	<u>11:00 AM</u> Time of Incident	\$ <u>- 0 -</u> Amount Claimed for Personal Injury	\$ <u>577.50</u> Amount Claimed for Property Damage		
Place of Incident <u>BEIDVILLE RD HWY 296</u>					
Route/Road where Incident Occurred <u>SAME</u> Nearest Intersecting Route/Road <u>LIGHTWOOD KNOT</u>					
<u>BEIDVILLE</u> In or Near Town		<u>SPARTANBURG</u> County		<u>NO</u> Reported to law enforcement agency? If so, which one?	
Description of incident; including cause and type of damage or injury (and all parties involved): <u>I was driving home from a friend's house when I felt a big "bang". A large pot hole had dented the wheel and blew out my tire.</u>					
Witness or Witnesses to Incident (Name, Address, Phone Number) _____					
AFFIDAVIT					
COUNTY OF <u>Spartanburg</u>			STATE OF <u>South Carolina</u>		
Personally appeared before me <u>Dixie G. Wedeking</u> , who, upon oath, says that the above claim is true and just, and that he/she has not received compensation from other sources for damages claimed. <small>Claimant(s) Name</small>					
Sworn to before me this <u>27th</u> day of <u>January</u> , 20 <u>15</u> .					
<u>Mical J. Sullivan Jr.</u> Notary Public for <u>South Carolina</u>			<u>Dixie G. Wedeking</u> Printed name(s) of claimant(s)		
<u>Mical J. Sullivan Jr.</u> Printed name of notary			<u>Dixie G. Wedeking</u> Signature(s) of claimant(s)		
My commission expires <u>July 18, 2017</u>			<u>1-27-15</u> Date		
DO NOT WRITE BELOW THIS LINE. FOR SCDOT USE ONLY.					
Other parties involved _____					
Claim Number _____	Date Received at SCDOT _____	SCDOT Representative _____	Approved _____ Disapproved _____	Amount \$ _____ Date _____	_____



HYUNDAI OF GREER
14435 E WADE HAMPTON BL
GREER, SC 29651

12/20/2014

MID: 000000003909362

15:33:54

TID: 05968554

CREDIT CARD

AMEX SALE

CARD #	XXXXXXXXXX2006
Chip Card:	AMERICAN EXPRESS
Chip Card AID:	A000000025010801
ATC:	0001
TC:	AE8598B0F2DD18A3
INVOICE	0008
SEQ #:	0008
Batch #:	000127
Approval Code:	847004
Entry Method:	Chip Read
Mode:	Issuer
SALE AMOUNT	\$577.50

CUSTOMER COPY