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Entered - 05/27/99 - sb
CL99L0316 - DIANNE C. MITCHELL

00-2-0782

CLAIM OF: JOSEPH PETERS,
through his insurance carrier,
State Farm Insurance Companies
P. O. Box 25027
St. Paul, MN 55125-4670

For damages alleged to have been sustained as a
result of a vehicular accident on March 12, 1999
at Interstate 75/85 and Edgewood Avenue.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSED REPORT

COM. Public Safety

DATE 5/30/2000

CHIEF R. T. Williams

[Signature]
[Signature]
[Signature]

CERTIFIED
JUN - 5 2000
ATLANTA CITY COUNCIL PRESIDENT
[Signature]

CERTIFIED
JUN 05 2000

Rosalind Rubens Newell
MUNICIPAL CLERK

ADVERSED BY
CITY COUNCIL JUN 05 2000



CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

June 15, 2000

State Farm Insurance Companies
Insurance Carrier
Attn: Kristin J. McNeill
P.O. Box 25027
St. Paul, MN 55125-4670

00-R-0782

RE: Joseph Peters

Dear Ms. McNeill:

I sincerely regret that your clients have been adversely affected by the circumstances raised in their claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on June 05, 2000. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0316

Date: May 17, 2000

Claimant /Victim JOSEPH PETERS
BY: (Ins. Co.) State Farm Insurance Companies
Address: P. O. Box 25027, St. Paul, MN 55125-0027
Subrogation: X Claim for Property damage \$ 1,053.77 Bodily Injury \$
Date of Notice: 05/18/99 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 03/12/99 Place: Interstate 75/85 at Edgewood Avenue
Department None Division:
Employee involved Disciplinary Action:

NATURE OF CLAIM: The State Farm Insurance Companies allege that its insured's vehicle was damaged when it was involved in a vehicular accident with a City vehicle. The investigation determined that the subject accident involved privately owned vehicles and no City employee or City vehicle was involved.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved X Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

[Signature]
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager: [Signature] Concur/date 05-18-00
Committee Action: Council Action

State Farm Insurance Companies



Reeves
03/20/99
Dr

8500 State Farm Way
P.O. Box 25027
St. Paul, MN 55125-0027
Fax #: 1-888-577-4670

May 14, 1999

Atlanta City Council Municipal Clerk Rhonda Johnson
55 Trinity Ave. SW
Atlanta, GA 30335

ENTERED - 5-27-99 - SB
99L0316 - MIKE REEVES

RE: Our Claim Number: 49-3149-903
Date of Loss: March 12, 1999
Our Insured: Joseph Peters
Your Insured: Jeffrey Foster
Your Insured's Address: 6344 Mableton Pkwy
Mableton, GA
Accident Location: I75/85 N. Atlanta GA
Your Claim Number:

We have been informed you are the insurance carrier for Jeffrey Foster. Our investigation establishes your insured was responsible for this accident.

Please accept this as notice of our subrogation rights. We have made the following payment(s) to date and request reimbursement as shown below:

Collision:	\$953.77
Comprehensive:	\$
Less Salvage Recovery:	\$
Rental:	\$
Medical Payments:	\$
Insured's Deductible:	\$100.00
Other:	\$
TOTAL CLAIM:	\$1053.77

Kristin J. McNeill
Claim Processor
Team: C3
(888) 577-4668
State Farm Mutual Automobile Insurance Company

CC: Ketterer, Martin L

Enclosure: supporting documents

cc: Diane Mitchell
68 Mitchell St. SW Ste 4100
Atlanta, GA 30335

00-R-0782

RCS# 1981
6/05/00
2:45 PM

Atlanta City Council

Regular Session

CONSENT AGENDA PAGES (1 - 10)

ADOPT

YEAS: 14
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 1

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED
ON CONSENT AGENDA

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	Y Woolard	Y Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	Y Alexander
B Winslow	Y Muller	Y Boazman	NV Pitts

ITEM (S) REMOVED FROM
CONSENT AGENDA
00-O-0662

06/05/00 Council Meeting	
ITEMS ADOPTED ON CONSENT AGENDA	ITEMS ADVERSED ON CONSENT AGENDA
1. 00-O-0590	39. 00-R-0775
2. 00-O-0677	40. 00-R-0776
3. 00-O-0712	41. 00-R-0777
4. 00-O-0752	42. 00-R-0778
5. 00-O-0592	43. 00-R-0779
6. 00-O-0593	44. 00-R-0780
7. 00-O-0594	45. 00-R-0781
8. 00-O-0625	46. 00-R-0782
9. 00-O-0666	47. 00-R-0786
10. 00-O-0673	48. 00-R-0787
11. 00-O-0722	49. 00-R-0788
12. 00-O-0724	50. 00-R-0789
13. 00-O-0725	51. 00-R-0790
14. 00-O-0730	52. 00-R-0791
15. 00-O-0589	53. 00-R-0792
16. 00-O-0713	54. 00-R-0793
17. 00-O-0714	
18. 00-O-0715	
19. 00-O-0716	
20. 00-R-0753	
21. 00-R-0794	
22. 00-R-0761	
23. 00-R-0719	
24. 00-R-0763	
25. 00-R-0764	
26. 00-R-0762	
27. 00-R-0765	
28. 00-R-0766	
29. 00-R-0768	
30. 00-R-0769	
31. 00-R-0770	
32. 00-R-0771	
33. 00-R-0772	
34. 00-R-0773	
35. 00-R-0774	
36. 00-R-0783	
37. 00-R-0784	
38. 00-R-0785	