

CLAIM OF: DIRECT INSURANCE COMPANY

as Subrogee of JASPER KEMP, SR.
Adair, Schuerman & White
Suite 160
750 Old Hickory Boulevard
Brentwood, Tennessee 37027-4528

For damages alleged to have been sustained as a result of a vehicular accident on June 1, 1999 at Pryor Road and Thornton Street.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

FAVORABLE REPORT
COM. *Rubie Suletz*
DATE *7/17/2000*
CITY *C. F. Marks*
John Stinson
Henry D. Alley

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to DIRECT INSURANCE COMPANY as Subrogee of JASPER KEMP, SR., the sum of \$1,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on June 1, 1999 at Pryor Road and Thornton Street, as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

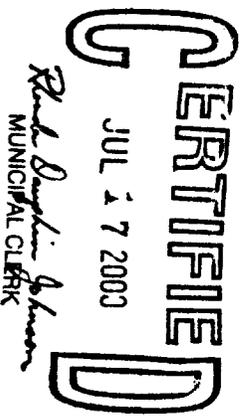
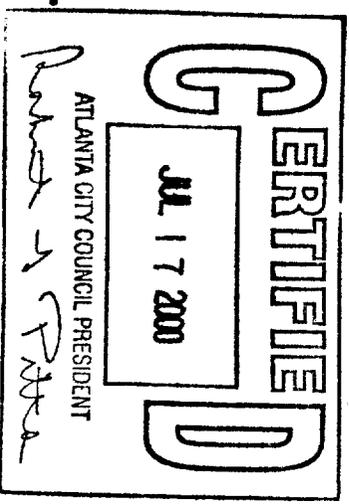
APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

APPROVED
JUL 26 2000

WITHOUT SIGNATURE
BY OPERATION OF LAW

ADOPTED BY
JUL 17 2000
COUNCIL





**MUNICIPAL CLERK
ATLANTA, GEORGIA**

00-R-1050

A RESOLUTION

**BY PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE**

BE IT RESOLVED BY the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Direct Insurance Company** as subrogee of **Jasper Kemp, Sr.** in the sum of **\$1000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained as a result of **a vehicular accident on June 1, 1999 at Pryor Road and Thornton Street** as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

Rhonda Daughin Johnson
Municipal Clerk, CMC

**ADOPTED by the Council
RETURNED WITHOUT SIGNATURE OF THE MAYOR
APPROVED as per City Charter Section 2-403**

JULY 17, 2000

JULY 26, 2000

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0391

Date: April 24, 2000

Claimant /Victim DIRECT INSURANCE COMPANY as Subrogee of JASPER KEMP, SR.
BY: (Atty) (Ins. Co.) R. K. White, Esq.
Address: Adair, Schuerman & White, 750 Old Hickory Boulevard, Suite 160, Brentwood, TN 37027-4528
Subrogation: X Claim for Property damage \$ 3,387.59 Bodily Injury \$
Date of Notice: 6-28-99 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 6-1-99 Place: Pryor Road at Thornton Street
Department Police Division
Employee involved Peter S. Coleman Dept. Action No Action Taken

NATURE OF CLAIM: Claimant sustained property damage when he was involved in a motor vehicle collision with a City of Atlanta vehicle. The driver of the City vehicle, while traveling southbound on Pryor Road, failed to observe a traffic control device and collided with the Claimant's vehicle causing damages in the above amount.

INVESTIGATION:

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

Respectfully submitted,

[Handwritten signature]

INVESTIGATOR DOBBS JORDAN

RECOMMENDATION:

Pay \$ 1,000.00 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager: [Signature] Concur/date 04-25-00
Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6/25/99

JORDAN
06/28/99
[Signature]

ENTERED - 6-29-99 - SB
99L0391 - DOBBS JORDAN

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2475.00 property and/or \$ Towing #? bodily injury for which I contend the City is liable.

1. Date of incident: 06/1/99 (month/day/year) 2. Time of Incident: App. 6:30 PM 3. Police called: Yes No

4. Location of incident (including street address): Intersection of Pryor Rd & Thornton St. S.W.

5. Name of your insurance company: Direct General Ins. Agency Policy No. GAB040239
Ajusior 1800/800-6675

6. State what and how incident occurred: I WAS MAKING A LEFT TURN FROM THORNTON ST TO PRYOR RD & THIS POLICEMAN RAN THE LIGHT HITTING ME LEFT SIDE REAR, FROM REAR COOR BACK

(CAR IN SHOP NOT DRIVABLE outside Ajusior want go to Riverdale)
TAG RECEIPT IN CAR

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Buick Lesabara 88 (Make) 505 MAW (Year) Jasper L. Kemp Jr. (Driver's Name)

City vehicle: Peter S. Coleman (City Driver's Name) City of Atlanta (Police) (Department/Bureau)

9. Witness: Rhoda Costin (Name) 1599 Pryor Rd. S.W. (Address) 404/635-1000 (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Jasper L. Kemp Jr.
Signature of Claimant

Jasper L. Kemp Jr.
(Print Claimant's Name)

321 Thornton St. S.W.
Address

Atlanta, Ga 30315
(City, State and Zip Code)

(Disable) (Work Number) 404/635-0915 (Home Number)

