

CLAIM OF: ALLSTATE INSURANCE COMPANY

as subrogee of Kehinde Oniru
P.O. Box 227257
Dallas, TX 75222-7257

For damages alleged to have been sustained as a result of a vehicular accident on October 8, 2000 at 3120 Bankhead Highway, NW.

BY: PUBLIC SAFETY AND 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 ALLSTATE INSURANCE COMPANY as subrogee of Kehinde Oniru 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 October 8, 1999 at 3120 Bankhead Highway, NW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/TT31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: *[Signature]*
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

ADOPTED BY
JUL 17 2000

COUNCIL

FAVORABLE REPORT
COM. *[Signature]*
DATE *7/11/2000*

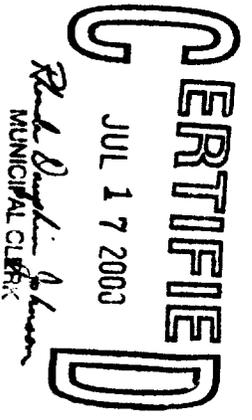
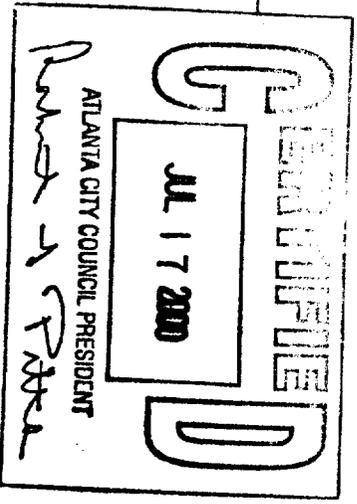
CMR. *[Signature]*
[Signature]
[Signature]

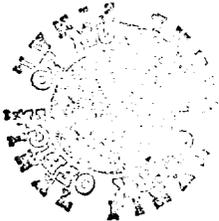
CONSENT AGENDA

APPROVED

JUL 26 2000

WITHOUT SIGNATURE
BY OPERATION OF LAW





**MUNICIPAL CLERK
ATLANTA, GEORGIA**

00-R-1053

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 **Allstate Insurance Company as subrogee of Kehinde Oniru** 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 October 8, 1999 at 3120 Bankhead Highway, NW** 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. 00L0171

Date: June 15, 2000

Claimant /Victim KEHINDE ONIRU
BY: (Atty) (Ins. Co.) ALLSTATE INDEMNITY COMPANY
Address: P.O. Box 227257, Dallas, Texas 75222-7257
Subrogation: X Claim for Property damage \$ 1,927.63 Bodily Injury \$
Date of Notice: 3/20/00 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/8/99 Place: 2315 Bankhead Highway
Department POLICE Division
Employee involved Raymond D. Layton Disciplinary Action: Written Reprimand

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was struck by a city vehicle that was driving down the wrong side of the road.

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 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,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,000.00 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager: Concur/date 06-29-00
Committee Action: Council Action

Allstate®

BURNS
03/22/00
[Signature]
02/18/00

ALLSTATE INDEMNITY COMPANY
P.O. BOX 168288
IRVING TX 75016

(800) 860-6144
ENTERED - 3-22-00 - SB
00L0171 - GWEN BURNS

- 6

ATLANTA CITY MUNICIPAL COURT
55 TRINITY AVENUE
ATLANTA GA 30335

03-06-00P05:30 RCVD

OUR INVESTIGATION INDICATES THAT YOUR INSURED WAS RESPONSIBLE FOR THIS LOSS.

SINCE WE HAVE ALREADY MADE A SETTLEMENT WITH OUR POLICYHOLDER, THE CLAIM HAS BEEN ASSIGNED TO US. COPIES OF THE FINAL PAPERS RELATING TO THE LOSS ARE ENCLOSED.

PLEASE ACCEPT THIS LETTER AS NOTICE OF OUR SUBROGATION CLAIM. PLEASE FORWARD YOUR PAYMENT WITH OUR CLAIM NUMBER TO:

ALLSTATE PAYMENT PROCESSING CENTER
P.O. BOX 227257
DALLAS, TX, 75222-7257

DIRECT ANY OTHER CORRESPONDENCE TO THE ADDRESS AT THE TOP OF THIS LETTER.

SINCERELY,

SUBROGATION CLAIM REP

ALLSTATE INDEMNITY COMPANY

CBP:G

YOUR FILE NO. : SELF INSURED *
YOUR INSURED : CITY OF ATLANTA
ADDRESS : 2315 BANKHEAD HWY
ATLANTA GA 30318

OUR CLAIM NO. : 4094910256 KWS
OUR INSURED : KEHINDE ONIRU
LOSS DATE : 10/08/99

LOCATION :
BANKHEAD HWY & J265

ATLANTA *Jane Koester*
GA

AMOUNT OF LOSS: \$1,927.63

\$5697

(972) 929-5665 Fax releases/du

GENERAL PROPERTY DAMAGE RELEASE AND INDEMNIFICATION

CLAIM NUMBER 0010171

\$ 1,000.00

IN CONSIDERATION of the sum of ONE THOUSAND DOLLARS AND NO/100s DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City, its officers and employees, including but not limited to Raymond Layton from any and all **property damage claims**, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly for or on account of a vehicular accident which occurred on or about the 8th day of October, 1999, at or near 3120 Bankhead Highway, NW.

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this 9 day of June, 2000.

Jan Koester (LS)
ALLSTATE INSURANCE COMPANIES
as subrogee of Kehinde Oniru

_____ (LS)

The above release was read and explained to, and signed by the said _____ presence on the date above written.

Raymond Layton

WITNESSES

00- R -1053