

Entered - 08/28/00 - sb
CL00L0498 - DIANNE C. MITCHELL

00-R -1519

CLAIM OF: **DANIEL F. ISRAEL,**
through his insurance carrier,
State Farm Insurance Companies
P. O. Box 370568
Decatur, Georgia 30037-0568

For damages alleged to have been sustained as a result of a vehicular
accident on May 8, 1999 at 3073 Piedmont Road, NE.

THIS ADVERSED REPORT IS APPROVED

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

Public Safety
9/26/00
v-c Cleta Hazelton
Marshall St
Walter

CERTIFIED
OCT 2 2000
Dan M. Starnes
COUNCIL PRESIDENT PROTEM

CONSENT AGENDA

CERTIFIED
OCT 02 2000
Flora Daughlin Johnson
MUNICIPAL CLERK

ADVERSED BY
CITY COUNCIL OCT 02 2000



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

October 10, 2000

State Farm Insurance Company
Insurance Carrier
Attn: Bernard Brooks
P.O. Box 370568
Decatur, GA 30307-0568

00-R-1519

RE: Daniel F. Israel

Dear Mr. Brooks:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her 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 October 02, 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. 00L0498

Date: September 5, 2000

Claimant /Victim DANIEL F. ISRAEL

BY: (Ins. Co.) State Farm Insurance Companies

Address: P. O. Box 370568, Decatur, Georgia 30037-0568

Subrogation: X Claim for Property damage \$ 6,738.17 Bodily Injury \$

Date of Notice: 08/21/00 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.)

Date of Occurrence 05/08/99 Place: 3073 Piedmont Road, NE

Department Police Division:

Employee involved Kerry R. Buchanan Disciplinary Action:

NATURE OF CLAIM: The claimant alleges his vehicle was damage due to a vehicular accident with a City employee. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police X Dept Report Other

Traffic citations issued: City Driver X Claimant Driver X

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

Improper Notice More than Six Months X Other Damages reasonable

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

[Handwritten signature of Dianne C. Mitchell]

INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse Y Account charged: 1A01 2J01 2H01

Claims Manager: [Handwritten signature] Concur/date 090500

Committee Action: Council Action

State Farm Insurance Companies



Mitchell
08/21/00
DM

August 18, 2000

State Farm Insurance Claim Office
5301 Snapfinger Park Drive
Post Office Box 370568
Decatur, Georgia 30037-0568

Phone: (770) 593-6400

City of Atlanta
Dept of Law - Gail Bradford
68 Mitchell St, SW Ste 4100
Atlanta, GA 30335

ENTERED - 8-28-00 - SB
00LO498 - DIANNE MITCHELL

RE: Our Claim Number: 11-3283-132
Our Insured: Daniel F. Israel
Date of Loss: May 8, 1999
Total Amount of Loss: \$6,738.17
Our Payment: \$6,488.17
Insured's Payment: \$250.00
Your File Number: Driver - Kerry Buchanan
Your Policy Number:
Your Insured:

Atlanta Police Dept
Dept Of Law Attn: Gail C. Bradford
68 Mitchell St S.W. Ste 4100
Atlanta, GA 30335

Driver of Your Vehicle: Kerry R. Buchanan

SUBROGATION CLAIM

We have been informed that you are the insurance carrier for the party designated as your insured in the caption of this letter.

Our investigation establishes that your insured was responsible for the damage to our policyholder's vehicle as a result of the accident on the date indicated.

Please accept this letter as a notice of our subrogation rights and communicate with us in regard to your position in the matter.

Sincerely,

B. Brooks

Bernard Brooks
Claim Specialist
(770) 593-6526

cc: Roy Rubens
Dianne Mitchell
et al attachments
Karen Woodward

State Farm Mutual Automobile Insurance Company

00-R -1519

RCS# 2255
10/02/00
1:44 PM

Atlanta City Council

Regular Session

CONSENT

Pages 1-17

RECONSIDER

YEAS: 13
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 2

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED
ON CONSENT AGENDA

Y McCarty	B Dorsey	Y Moore	Y Thomas	ITEM (S) REMOVED FROM <u>CONSENT AGENDA</u> 00-O-1390 00-O-1567 00-R-1480 00-R-1571 00-R-1574
Y Starnes	Y Woolard	B Martin	Y Emmons	
Y Bond	Y Morris	Y Maddox	Y Alexander	
Y Winslow	Y Muller	Y Boazman	NV Pitts	

CONSENT

RCS# 2286
10/02/00
4:58 PM

Atlanta City Council

Regular Session

CONSENT

Pages 1-17

RECONSIDERATION

YEAS: 13
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 2

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED
ON CONSENT AGENDA

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

ITEM (S) REMOVED FROM
CONSENT AGENDA

00-O-1390
00-O-1567
00-R-1480
00-R-1571
00-R-1574

CONSENT

		10/02/00 Council Meeting
ITEMS ADOPTED ON CONSENT AGENDA	ITEMS ADOPTED ON CONSENT AGENDA	ITEMS ADVERSED ON CONSENT AGENDA
1. 00-O-1393	37. 00-R-1470	50. 00-R-1504
2. 00-O-0758	38. 00-R-1471	51. 00-R-1505
3. 00-O-1341	39. 00-R-1472	52. 00-R-1506
4. 00-O-1453	40. 00-R-1476	53. 00-R-1507
5. 00-O-1326	41. 00-R-1477	54. 00-R-1508
6. 00-O-1327	42. 00-R-1481	55. 00-R-1509
7. 00-O-1328	43. 00-R-1497	56. 00-R-1510
8. 00-O-1329	44. 00-R-1498	57. 00-R-1511
9. 00-O-1301	45. 00-R-1499	58. 00-R-1512
10. 00-O-0263	46. 00-R-1500	59. 00-R-1513
11. 00-O-0979	47. 00-R-1501	60. 00-R-1514
12. 00-O-1311	48. 00-R-1502	61. 00-R-1515
13. 00-O-1418	49. 00-R-1503	62. 00-R-1516
14. 00-O-1566		63. 00-R-1517
15. 00-O-1417		64. 00-R-1518
16. 00-O-1114		65. 00-R-1519
17. 00-O-1561		66. 00-R-1520
18. 00-R-1486		67. 00-R-1521
19. 00-R-1490		68. 00-R-1522
20. 00-R-1524		69. 00-R-1523
21. 00-R-1525		
22. 00-R-1572		
23. 00-R-1483		
24. 00-R-1484		
25. 00-R-1552		
26. 00-R-1310		
27. 00-R-1466		
28. 00-R-1467		
29. 00-R-1469		
30. 00-R-1563		
31. 00-R-1549		
32. 00-R-0977		
33. 00-R-1297		
34. 00-R-1495		
35. 00-R-1461		
36. 00-R-1464		