



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

October 26, 2000

State Farm Insurance Companies
Insurance carrier
Attn: Dawn M. Hayward
P.O. Box 370568
Decatur, GA 30037-0568

00-R-1596

RE: Joann Middleton

Dear Ms. Hayward:

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 26, 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

RCS# 2337
10/16/00
8:35 PM

Atlanta City Council

Regular Session

MUTIPLE CLAIMS WITH FAVORABLE/Unfavor recommend
ITEMS 1-29
ADOPT
00-R-1596

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

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

MUTIPLE

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0583

Date: September 27, 2000

Claimant /Victim JOANN MIDDLETON
BY: (Ins. Co.) State Farm Insurance Companies
Address: P. O. Box 370568, Decatur, Georgia 30037-0568
Subrogation: X Claim for Property damage \$ 9,980.00 Bodily Injury \$
Date of Notice: 09/18/00 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.)
Date of Occurrence 02/19/00 Place: Virginia Avenue and Ponce de Leon Avenue
Department Public Works Division: Traffic and Transportation
Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges her vehicle was damaged in a vehicular accident with a third party due to a malfunctioning traffic signal. 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 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 Claimant Driver
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,

[Signature]
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager: [Signature] Concur/date 09.27.00
Committee Action: Council Action

State Farm Insurance Companies



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

Phone: (770) 593-6400

September 18, 2000

City Of Atlanta
68 Mitchell St., 14th Floor
Atlanta, GA 30335-0332

ENTERED - 9-22-00 - SB
00L0583 - DIANNE MITCHELL

Mitchell
09/21/00
[Signature]

RE: Claim Number: 11-3423-195
Date of Loss: February 19, 2000
Our Insured: Joann Middleton

Dear Gentlemen:

We are writing to you with reference to damage which occurred on February 19, 2000.

The property is insured by our Company and the damage was in the amount of \$9,980.00.

Our investigation indicates you are responsible for this damage, and we are, therefore, looking to you for reimbursement.

If you have insurance, please refer this letter to your insurance company for discharge of your obligation, and inform us as to your insurance company name, address, and your policy number. If you do not have insurance, please forward your remittance in the above amount.

Please use the enclosed self-addressed envelope when replying so that your payment will receive prompt acknowledge.

Sincerely,

D Hayward

Dawn M. Hayward
Claim Specialist
(770) 593-6493

State Farm Mutual Automobile Insurance Company

PS: This is due to a malfunctioning traffic light and includes our insured's \$500 deductible.

00- -1596

Entered - 09/22/00 - sb
CL00L0583 - DIANNE C. MITCHELL

CLAIM OF: JOANN MIDDLETON,
through her insurance carrier,
State Farm Insurance Companies
P. O. Box 370568
Decatur, Georgia 30037-0568

00- R -1596

For damages alleged to have been sustained as a result of a vehicular
accident on February 19, 2000 at Virginia Avenue and Ponce de Leon
Avenue.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY Regular Report Agenda

ADVERSED REPORT
C.C.M. P.S. + LCA
DATE 10/16/00
V-C Cleta Hainson
[Signature]
[Signature]
[Signature]

ADVISED BY OCT 16 2000

CERTIFIED
OCT 16 2000
ATLANTA CITY COUNCIL PRESIDENT
[Signature]

CERTIFIED
OCT 16 2000
Phonik Douglas Johnson
MUNICIPAL CLERK