

Entered - 04/02/01 - sb
CL01L0206 - DIANNE C. MITCHELL

01- R-0863

CLAIM OF: **STATE FARM INSURANCE COMPANIES AS
SUBROGEE OF STEVEN BLACKMON**
P. O. Box 370568
Decatur, Georgia 30037-0566

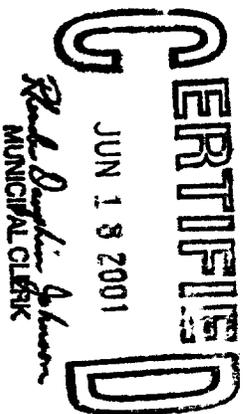
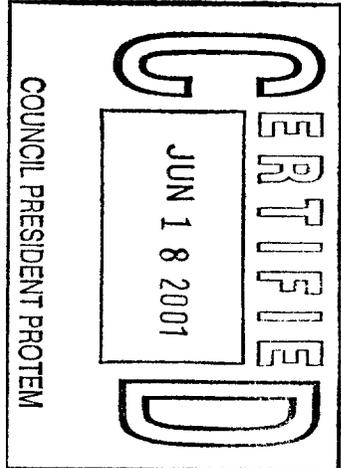
For damages alleged to have been sustained as a result of a vehicular accident on December 27, 2000 at 1125 Cascade Circle, SW.

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 **STATE FARM INSURANCE COMPANIES AS SUBROGEE OF STEVEN BLACKMON** the sum of **\$2,000.00** 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 December 27, 2000 at 1125 Cascade Circle, SW 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
DEPUTY CITY ATTORNEY



FAVORABLE REPORT

**PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE**

DATE: 6/12/01

CHAIR: C. T. [Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

ADOPTED BY

JUN 18 2001

COUNCIL

APPROVED

JUN 27 2001

WITHOUT SIGNATURE
BY OPERATION OF LAW



**MUNICIPAL CLERK
ATLANTA, GEORGIA**

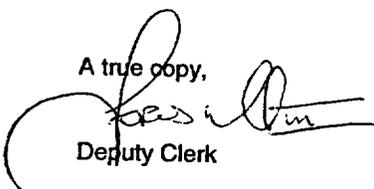
01-R-0863

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 STATE FARM INSURANCE COMPANIES AS SUBROGEE OF STEVEN BLACKMON the sum of \$2,000.00 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 December 27, 2000 at 1125 Cascade Circle, SW as is more particularly set 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,


Deputy Clerk

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

Jun 18, 2001

Jun 27, 2001

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0206

Date: May 31, 2001

Claimant/Victim STATE FARM INSURANCE COMPANIES AS SUBROGEE OF STEVEN BLACKMON

BY: (Atty)(Ins. Co.) _____

Address: P. O. Box 370568, Decatur, Georgia 30037-6400

Subrogation: Claim for Property damage \$ 2,091.00 Bodily Injury \$ _____

Date of Notice: 03/07/01 Method: Written, proper Improper _____

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

Date of Occurrence 12/27/00 Place: 1125 Cascade Circle, SW

Department Police Division: _____

Employee involved Candice D. Sartor Disciplinary Action: Pending

NATURE OF CLAIM: The driver of the City vehicle struck the claimant's parked vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police 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 _____ Offer rejected _____ Compromise settlement

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

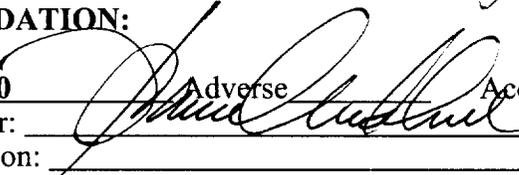
Claimant Negligent _____ City Negligent Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 06-01-01

Committee Action: _____ Council Action _____

State Farm Insurance Companies



M Mitchell
03/27/01
DM

February 26, 2001

MAR 7 2001

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

Phone: (770) 593-6400

Atlanta City Counsel/ Municipal Clerk
ATTN: DIANE MITCHELL
55 Trinity Ave, SW
Atlanta, GA 30335

ENTERED - 4-2-01 - SB
01L0206 - DIANNE MITCHELL

RE: Our Claim Number: 11-3577-283
Our Insured: Steven Blackmon
Date of Loss: December 27, 2000
Total Amount of Loss: \$2091.00
Our Payment: \$1841.00
Insured's Payment: \$250.00
Your File Number:
Your Policy Number:
Your Insured:

City Of Atlanta Police
55 Trinity Ave SW
Atlanta, GA. 30335
Driver of Your Vehicle: Candice Sartor

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,

Marjorie R. Smith
Marjorie R. Smith
Claim Expediter
(770) 593-6558

State Farm Mutual Automobile Insurance Company

01- -0863

RCS# 2946
6/18/01
1:53 PM

Atlanta City Council

Regular Session

CONSENT

Pages 1 thur 10

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

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED
ON CONSENT AGENDA

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

ITEM (S) REMOVED FROM
CONSENT AGENDA
01-O-0878
01-O-0880
01-R-0733

CONSENT

06/18/01 Council Meeting

**ITEMS ADOPTED ON
CONSENT AGENDA**

1. 01-O-0850
2. 01-O-0873
3. 01-O-0893
4. 01-O-0879
5. 01-O-0310
6. 01-O-0313
7. 01-O-0657
8. 01-O-0824
9. 01-O-0875
10. 01-O-0877
11. 01-O-0884
12. 01-O-0788
13. 01-O-0789
14. 01-O-0790
15. 01-O-0791
16. 01-O-0876
17. 01-O-0887
18. 01-O-0888
19. 01-R-0882
20. 01-R-0892
21. 01-R-0870
22. 01-R-0181
23. 01-R-0853
24. 01-R-0854
25. 01-R-0858
26. 01-R-0874
27. 01-R-0881
28. 01-R-0856
29. 01-R-0863
30. 01-R-0865
31. 01-R-0866
32. 01-R-0867
33. 01-R-0908

**ITEMS ADVERSED
ON CONSENT AGENDA**

34. 01-R-0859
 35. 01-R-0860
 36. 01-R-0861
 37. 01-R-0862
 38. 01-R-0864
-