

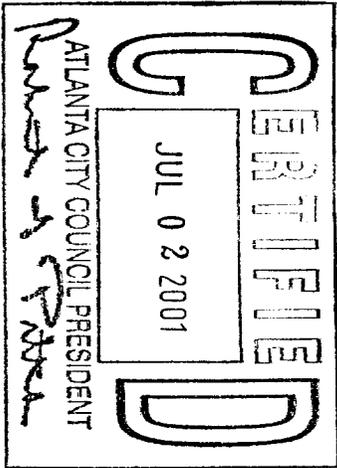
Entered -03-16-00 - sb  
CL 00L0157 - GWENDOLYN BURNS

01- R -0952

CLAIM OF:

**STATE FARM INSURANCE COMPANIES**  
as subrogee of Robert T. Banks  
11350 Johns Creek Parkway  
Duluth, Georgia 30098-0001

For damages alleged to have been sustained as a result of an automobile accident on September 16, 1999 at Boulevard Court & Ponce de Leon Avenue, NE.



THIS ADVERSED REPORT IS APPROVED

BY: *Robert N. Godfrey*  
ROBERT N. GODFREY  
DEPUTY CITY ATTORNEY

ADVERSED BY CITY COUNCIL JUL 02 2001

### ADVERSE REPORT

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE: 7/26/01

CHAIR: C. T. Williams

*[Signature]*

*[Signature]*

*[Signature]*

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\_\_\_\_\_





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

July 2, 2001

State Farm Insurance Companies  
As Subrogee Of Robert T. Banks  
11350 Johns Creek Parkway  
Duluth, Georgia 30098-0001

01-R-0952

RE: Robert T. Banks

Dear Ms. Carroll:

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 July 2, 2001. 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. 00L0157

Date: June 15, 2001

Claimant /Victim TIM BANKS
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES
Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098-0001
Subrogation: X Claim for Property damage \$ 837.80 Bodily Injury \$
Date of Notice: 3/16/00 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 9/16/99 Place: Ponce De Leon Avenue & Boulevard, NE
Department PUBLIC WORKS Division Street Operations
Employee involved Willie Lovett Disciplinary Action: None Taken

NATURE OF CLAIM: The claimant alleges that his vehicle sustained property damage when it was backed into by a City vehicle. However, this claim has been resolved in a previously filed claim. (See claim # 99L0681).

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 X 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
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

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

# State Farm Insurance Companies



BURNS

03/16/00

*Dr*

Auto Claim Central - Subrogation U  
11350 Johns Creek Parkway  
Duluth, GA 30098-0001

March 9, 2000

ENTERED - 3-16-00 - SB  
00L0157 - GWEN BURNS

City Of Atlanta, Dept Of Law  
68 Mitchell St, Ste 4100  
Atlanta, GA 30335-0332

RE: Our Claim Number: 11-3367-175  
Our Insured: Robert T. Banks  
Date of Loss: September 16, 1999  
Amount Paid: \$337.80  
Insured's Deductible: \$500.00  
*\$837.80 Total*  
Your Insured: City Of Atlanta  
Address: 675 Ponce DE Loen Ave  
Atlanta, GA  
Claim Number: 99L0681  
Policy Number:

Dear City Of Atlanta, Dept Of Law:

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

Our investigation indicates that your insured is responsible for this loss.

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

Sincerely,

*Sharon*

Sharon Carroll  
Claim Expediter  
(770) 418-5769

State Farm Mutual Automobile Insurance Company

Enclosure

01-R -0952

RCS# 2964  
7/02/01  
2:13 PM

Atlanta City Council

Regular Session

CONSENT

Pages 1 through 11

ADOPT

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

ITEM (S) REMOVED FROM  
CONSENT AGENDA  
01-O-0819

CONSENT

**ITEMS ADOPTED ON  
CONSENT AGENDA**

1. 01-O-0869
2. 01-O-0965
3. 01-O-0969
4. 01-O-0977
5. 01-O-0857
6. 01-O-0911
7. 01-O-0968
8. 01-O-0920
9. 00-R-1625
10. 01-R-0929
11. 01-R-0931
12. 01-R-0932
13. 01-R-0989
14. 01-R-0993
15. 01-R-0957
16. 01-R-0926
17. 01-R-0982
18. 01-R-0923
19. 01-R-0956
20. 01-R-0963
21. 01-R-0975
22. 01-R-1001
23. 01-R-0933
24. 01-R-0934
25. 01-R-0935

**ITEMS ADVERSED  
ON CONSENT AGENDA**

26. 01-R-0936
  27. 01-R-0937
  28. 01-R-0938
  29. 01-R-0939
  30. 01-R-0940
  31. 01-R-0941
  32. 01-R-0942
  33. 01-R-0943
  34. 01-R-0944
  35. 01-R-0945
  36. 01-R-0946
  37. 01-R-0947
  38. 01-R-0948
  39. 01-R-0949
  40. 01-R-0950
  41. 01-R-0951
  42. 01-R-0952
  43. 01-R-0953
  44. 01-R-0954
  45. 01-R-0955
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