

Entered - 03/26/03 - sb
CL03L0235 - DIANNE C. MITCHELL

03-R-0642

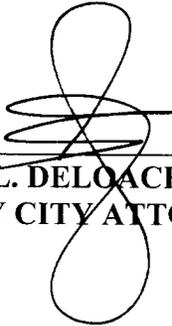
ADOPTED BY
MAY 05 2003
COUNCIL

CLAIM OF: **MICHAEL J. BUTLER,**
through his insurance carrier,
State Farm Insurance Companies
55 Satellite Boulevard, NW
Suwanee, Georgia 30024

For damages alleged to have been sustained as a result of
vehicular damage due to an undisclosed event on
September 7, 2002 at an undisclosed location.

THIS ADVERSED REPORT IS APPROVED

BY:



JERRY L. DELOACH
DEPUTY CITY ATTORNEY

CERTIFIED
MAY 05 2003
ATLANTA CITY COUNCIL PRESIDENT
Catherine W. Hoofnards

CERTIFIED
MAY 05 2003
Rhonda Daughin Johnson
MUNICIPAL CLERK

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: *4/29/03*

CHAIR: *[Signature]*

[Signature]
[Signature]
[Signature]

State Farm Insurance Companies



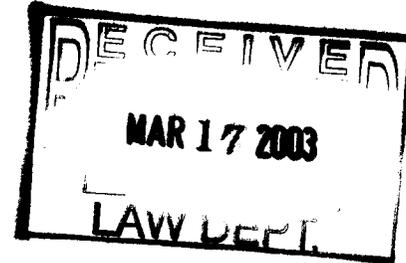
Mitchell
03/18/03
[Signature]

55 Satellite Boulevard NW
Suwanee, GA 30024

ENTERED - 3-26-03 - SB
03L0235 - DIANNE MITCHELL

January 1, 2003

Office of the District Attorney
City Of Atlanta
675 Ponce DE Leon Ave
Atlanta, GA 30308



RE: Claim Number : 11-3985-476
Date of Loss : September 7, 2002
Our Insured : Michael J. Butler
Vehicle Description : 1999
Chrysler
Sebring
VIN : 3C3EL55H0XT609163
Complaint Number : 022500638

Dear Agent:

We have paid for damage to our insured's vehicle in the amount of \$1553.12. This payment does not include our insured's deductible of \$250.00.

Because of this payment, we are entitled to any recoveries made for this loss. Please attach this letter to your file and notify us of any recovery.

Thank you for your assistance.

Sincerely,

Joyce Davis Morgan
Joyce Davis-Morgan
Claim Representative
(770) 932-7617

State Farm Mutual Automobile Insurance Company

Enclosure: Copy of Police Report

03-R-0642

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0235

Date: April 7, 2003

Claimant /Victim MICHAEL J. BUTLER

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

Address: 55 Satellite Boulevard, NW, Suwanee, Georgia 30024

Subrogation: Claim for Property damage \$ 1,553.12 Bodily Injury \$ _____

Date of Notice: 03/17/03 Method: Written, proper _____ Improper _____

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

Date of Occurrence 09/07/02 Place: Not Stated

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant, through his insurance carrier, is attempting to recover for vehicular damage due to an undisclosed event. The claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5.

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 _____

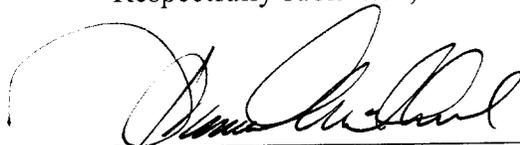
Improper Notice More than Six Months Other _____ Damages reasonable _____

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 \$ _____ Adverse Account charged: 1A01 _____ 2J01 _____ 2H01 _____ 2P01 _____

Claims Manager: [Signature] Concur/date 04-17-03

Committee Action: _____ Council Action _____



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

May 12, 2003

State Farm Insurance Companies
Insurance Carrier
Attn: Joyce Davis Morgan
55 Satellite Boulevard , NW
Suwanee, GA 30024

03-R-0642

RE: Michael J. Butler

Dear Ms. Morgan:

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 May 05, 2003. 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