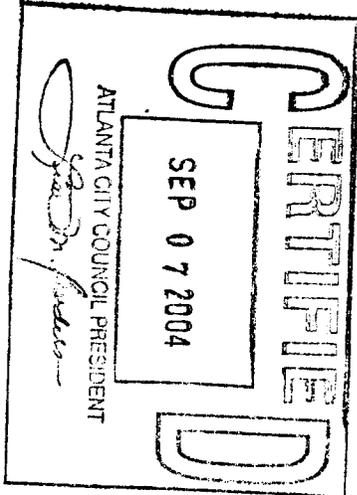


Entered - 07/06/04- sb  
CL - 04L0435 LISA CARTER

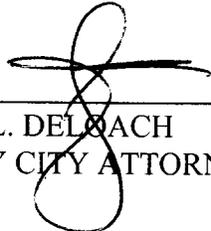
CLAIM OF: STATE FARM INSURANCE  
COMPANIES,  
as subrogee of Myron Jackson  
11350 Johns Creek Parkway  
Duluth, Georgia 30098

04-R -1527



For damages alleged to have been sustained as a result of striking open construction cut on March 6, 2004 at 29 West Peachtree Street.

THIS ADVERSED REPORT IS  
APPROVED

BY:   
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY



ADVERSED BY  
CITY COUNCIL

SEP 07 2004

## ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 8/31/04

CHAIR: [Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0435

Date: August 17, 2004

Claimant /Victim STATE FARM INSURANCE COMPANIES as subrogee of Myron Jackson

BY: (Atty) (Ins. Co.) \_\_\_\_\_

Address: 11350 Johns Creek Parkway Duluth, Georgia 30098

Subrogation: X Claim for Property damage \$ 4,106.38 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 07/01/04 Method: Written, proper X Improper \_\_\_\_\_

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

Date of Occurrence 03/06/04 Place: 29 West Peachtree Street

Department \_\_\_\_\_ Bureau: \_\_\_\_\_ Division: \_\_\_\_\_

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant, through his insurance carrier, alleges that he sustained damages as a result of striking an open construction cut at 29 West Peachtree Street. However, an investigation determined that Finlon Enterprises, Inc. was working at this location and is responsible for the claimant's damages. The claimant's insurance carrier has been advised to pursue this claim with Finlon Enterprises, Inc.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other X

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_

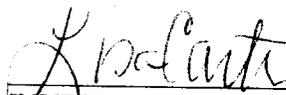
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

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

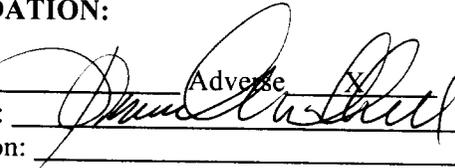
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - LISA CARTER

RECOMMENDATION:

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

Claims Manager:  Concur/date 08/19/04

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

# State Farm Insurance Companies



June 8, 2004

ENTERED - 7-6-04 - SB  
04L0435 - LISA CARTER

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

City of Atlanta  
Lisa Carter  
55 Trinity Ave SW  
Atlanta, GA 30335

*CARTER*  
*07/01/04*  
*[Signature]*

RE: Claim Number: 11-4353-211  
Date of Loss: March 6, 2004  
Our Insured: Myron Jackson

Dear Ms Carter:

We are writing to you with reference to damage which occurred on March 6, 2004.

The property is insured by our Company and the damage was in the amount of \$4,340.32.

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.

A preferred method of payment is via Western Union. You can contact Western Union at 1-800-325-6000 (Press 2) for a location near you or contact us and we will be glad to assist you. You will need the following information:

PAY TO: State Farm Regional Office  
CODE CITY: Claims  
STATE: GA  
ACCOUNT NUMBER: Same as the claim number listed at the top of the letter.

Sincerely,

Page 2  
June 8, 2004

Claim Processor, Team B  
(770) 418-3300  
1-866-796-4787 (Outside Metro Atlanta)

State Farm Fire and Casualty Company

cc: Your claim: 0410228



## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

September 14, 2004

55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30335  
(404) 330-6033  
FAX (404) 658-6103

State Farm Insurance Companies  
as subrogee of Myron Jackson  
Claim Number: 11-4353-211  
11350 Johns Creek Parkway  
Duluth, Georgia 30098

04-R-1527

Dear Claim Processor, Team B:

I sincerely regret that you have been adversely affected by the circumstances raised in your 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 claim at its regular meeting on September 07, 2004. 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