

Entered - 07/27/04 - sb  
CL04L0466 - DIANNE C. MITCHELL

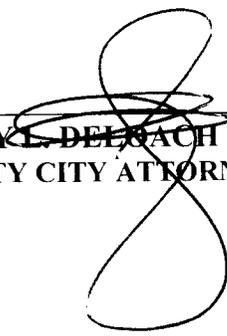
04-R -1543

CLAIM OF: **DOUGLAS STEFANINI,**  
through his insurance carrier,  
**NCO Financial Systems, Inc.**  
**500 North Franklin Turnpike**  
**Ramsey, New Jersey 07446**

For damages alleged to have been sustained as a result of a  
vehicular accident on June 28, 2001 at 3225 Piedmont  
Avenue, NE.

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: H. D. Hill

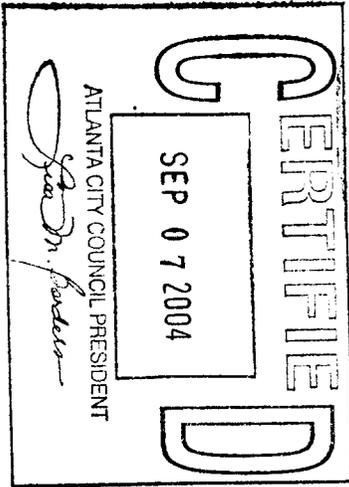
Joyce M. Shepley

David Greenwood

C. T. Mink

Harold Sling

Carla Smith



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0466

Date: August 2, 2004

Claimant/Victim DOUGLAS STEFANINI
BY: (Ins. Co.) NCO Financial Systems, Inc.
Address: 500 Forth Franklin Turnpike, Ramsey, New Jersey 07446
Subrogation: Claim for Property damage \$ 2,098.56 Bodily Injury \$
Date of Notice: 07/19/04 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.)
Date of Occurrence 06/28/01 Place: 3225 Piedmont Road, NE
Department Police Division:
Employee involved Herbert Hutcherson Disciplinary Action:

NATURE OF CLAIM: The claimant failed to yield to an emergency vehicle causing the accident. Furthermore, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-1.

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 X City Negligent Joint Claim Abandoned

Respectfully submitted,

[Signature]
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01 2P01
Claims Manager: [Signature] Concur/date 08/19/04
Committee Action: Council Action



NCO Financial Systems, Inc.  
Subrogation Services  
500 North Franklin Turnpike  
Ramsey, New Jersey 07446  
866-836-9845  
201-818-9640

ENTERED - 7-27-04 - SB  
04L0466 - DIANNE MITCHELL

RECEIVED

JUL 19 2004

APD-POB

*M. Mitchell*

*07/22/04*

A handwritten signature in black ink, appearing to be "Dianne Mitchell", written over a horizontal line.

July 7, 2004

City of Atlanta Police Dept.  
675 Ponce Deleon Avenue  
Atlanta, GA 30324

Re: Our Insured: Douglas Stefanini  
Our Claim #: 0129652000101034  
Date of Loss: 6-28-01  
Location: Atlanta, GA

Dear Sir or Madam:

Please be advised that our office has been retained by Geico Insurance Company to protect their interests with regard to the above referenced matter.

Geico's insured sustained a loss for which they have made payment under their Automobile's policy. Investigation has revealed that this loss was the result of your negligence. We are seeking reimbursement in the sum of \$2089.56, which figure includes the insured's deductible of \$500.00.

If you have liability insurance, please fill in your carrier's information in the spaces below so that we may correspond directly with them and avoid further demands upon you. If you are not insured, please contact the undersigned to make arrangements for payment of this obligation. Thank you for your anticipated courtesy and cooperation in this regard. I have included a self-addressed envelope for you convenience.

**Please be advised that if we do not hear from you with regard to the above matter within the next thirty (30) days, we will have no alternative but to exercise all available remedies to protect our client's interests.**

Very truly yours,

*Joseph Meier*  
Joseph Meier  
Claims Representative

/lmk

**Via Certified Mail - Article # 7004 0750 0003 5853 1112**



## 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

NCO Financial Systms, Inc.  
Insurance Carrier  
Attn: Joseph Meier  
500 North Franklin Turnpike  
Ramsey, New Jersey 07446

04-R-1543

RE: Douglas Stefanini

Dear Attorney Meier:

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 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