



MUNICIPAL CLERK
ATLANTA, GEORGIA

04-R-0582

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 Company as subrogee of John R. Grant** in the sum of **\$3,489.24** 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 August 13, 2003 at Memorial Drive and Whitefoord Avenue** as set forth in the within claim; said sum taken from and charged to Account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

Rhonda Daughin Johnson
Municipal Clerk

ADOPTED by the Council
APPROVED by the Mayor

April 19, 2004
April 27, 2004

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DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0035

Date: March 5, 2004

Claimant /Victim STATE FARM INSURANCE COMPANY AS SUBROGEE OF JOHN R. GRANT

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

Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098-0001

Subrogation: X Claim for Property damage \$ 3,489.24 Bodily Injury \$ _____

Date of Notice: 01/22/04 Method: Written, proper X Improper _____

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

Date of Occurrence 08/13/03 Place: Memorial Drive and Whitefoord Avenue

Department Watershed Management Bureau: Drinking Water

Employee involved Yuhura K. Carlton Disciplinary Action: Terminated

NATURE OF CLAIM: The driver of the City vehicle rear-ended the claimant's vehicle causing property damage in the above amount.

INVESTIGATION:

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

Pictures X Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver X Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

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

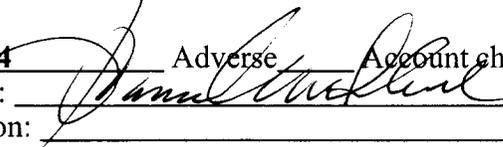
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 3,489.24 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____ 2P01 _____

Claims Manager:  Concur/date 03/17/04

Committee Action: _____ Council Action _____

1
State Farm Insurance Companies



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

December 29, 2003

ENTERED - 1-23-04 - SB
04L0035 - DIANNE MITCHELL

City Of Atlanta Claims
Sherry Butler
68 Mitchell St #4100
Atlanta, GA 30303

M. Mitchell
01/22/04
[Signature]

RE: Our Claim Number: 11-4154-757
Our Insured: John R Grant
Date of Loss: August 13, 2003
Total Amount of Loss: \$3,489.24
Our Payment: \$2,989.24
Insured's Payment: \$500.00
Your File Number: ?
Your Policy Number: ?
Your Insured:
Yuhuru Carlton
3001 Milford Ln
Marietta, GA 30008
Driver of Your Vehicle: Yuhuru Carlton

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.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide non public personal information about our customer. We are sharing this information to effect, administer, or enforce a transaction authorized by the consumer. However, you are neither authorized

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December 29, 2003

nor permitted to: (1) use the customer information we provide for any purpose other than to evaluate and process the subrogation claim, or (2) disclose or share the customer information we provide for any purpose other than to evaluate and process the subrogation claim.

Sincerely,


Erica Jackson, Team 13
Claim Representative
(770) 418-3241
1-800-578-8001 (Outside Metro Atlanta)

State Farm Fire and Casualty Company

04-R-0582



Entered - 01/22/04 - sb
CL04L0035 - DIANNE C. MITCHELL

CLAIM OF: **STATE FARM INSURANCE COMPANY AS
SUBROGEE OF JOHN R. GRANT**
11350 Johns Creek Parkway
Duluth, Georgia 30098-0001

04- *p* -0582

For damages alleged to have been sustained as a result of a vehicular accident on August 13, 2003 at Memorial Drive and Whitefoord Avenue.

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 COMPANY AS SUBROGEE OF JOHN R. GRANT** the sum of \$3,489.24 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 August 13, 2003 at Memorial Drive and Whitefoord Avenue as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001.

ADOPTED BY
APR 19 2004
COUNCIL

APPROVED: **LINDA K. DISANTIS**
CITY ATTORNEY

CERTIFIED
APR 19 2004
Renee Dandrea Johnson
MUNICIPAL CLERK

BY: 

JERRY L. DELOACH
DEPUTY CITY ATTORNEY

FAVORABLE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: *3/30/04*
CHAIR: *[Signature]*
[Signature]
[Signature]
[Signature]
[Signature]

APPROVED
[Signature]
APR 27 2004
MAYOR