

## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

April 29, 2004

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

Dionne Hall  
11350 Johns Creek Parkway  
Duluth, GA 30096

04-R-0571

Dear Ms. Hall:

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 April 19, 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**

RCS# 5585  
4/19/04  
3:03 PM

Atlanta City Council

Regular Session

CONSENT I

CONSENT I PG(S) 1-18, EXCEPT:04-R-0538  
04-O-0487 04-R-0473  
ADOPT

YEAS: 14  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 2  
EXCUSED: 0  
ABSENT 0

Y Smith	Y Archibong	Y Moore	Y Mitchell
Y Starnes	NV Fauver	Y Martin	Y Norwood
Y Young	Y Shook	Y Maddox	Y Willis
Y Winslow	Y Muller	Y Boazman	NV Woolard

CONSENT I

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0112

Date: March 16, 2004

Claimant /Victim STATE FARM INSURANCE COMPANIES as subrogee of Dionne Hall

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

Address: 11350 Johns Creek Parkway Duluth, Georgia 30096

Subrogation: X Claim for Property damage \$ Not specified Bodily Injury \$ \_\_\_\_\_

Date of Notice: 02/13/04 Method: Written, proper X Improper \_\_\_\_\_

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

Date of Occurrence 05/15/03 Place: 2685 Stewart Avenue

Department Fire Services Bureau: \_\_\_\_\_ Division: \_\_\_\_\_

Employee involved Matthew Lee Driver Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges that she sustained damages as a result of an automobile accident at 2685 Stewart Avenue. An investigation determined that the claimant backed into a City of Atlanta vehicle causing damages.

INVESTIGATION:

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

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

INVESTIGATOR - LISA CARTER

RECOMMENDATION:

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

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

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

1  
State Farm Insurance Companies



December 23, 2003

Auto Claim Central  
11350 Johns Creek Parkway  
Post Office Box 10003  
Duluth, GA 30096-9403

City Of Atlanta Fire Dept 675  
Ponce DE Leon Ave  
Atlanta, GA 30305

ENTERED - 2-17-04 - SB  
04L0112 - LISA CARTER

*Carter*  
*02/13/04*  
*[Signature]*

RE: Claim Number: 11-4310-193  
Our Insured: Dionne Hall  
Date of Loss: May 15, 2003  
Amount of Loss: To Be Determined

Dear City of ATL Fire Dept 675:

We are advised that you were involved in an accident on the above date with our insured. The information in our file indicates that you are responsible for this accident. Please provide us with the following information:

Do you have liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please complete the following)  
Insurance Company and/or agent name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy/Claim Number: \_\_\_\_\_  
Have you reported this accident to your Insurance Company? Yes \_\_\_ No \_\_\_

If you do not have insurance, please forward the above amount to settle this account or contact this office to discuss payment terms.

Sincerely,

*Hollie Queener*

Hollie Queener Team 07  
Claim Processor  
(800) 578-8001

State Farm Mutual Automobile Insurance Company

04-R-0571

Entered - 02/17/04- sb  
CL - 04L0112 LISA CARTER

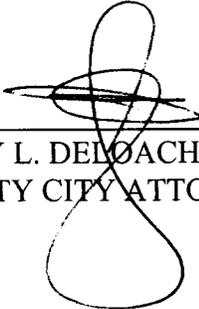
CLAIM OF: STATE FARM INSURANCE  
COMPANIES, as subrogee of  
Dionne Hall  
11350 Johns Creek Parkway  
Duluth, Georgia 30096

04-<sup>R</sup>-0571

For damages alleged to have been sustained as a result of an  
automobile accident on May 15, 2003 at 2685 Stewart  
Avenue.

THIS ADVERSED REPORT IS  
APPROVED

BY: \_\_\_\_\_  
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY



**CERTIFIED**  
APR 1 0 2004  
Renee D. ...  
MUNICIPAL CLERK

### ADVERSE REPORT

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE 3/30/04

[Signature]  
[Signature]  
[Signature]

[Signature]

COUNCIL PRESIDENT PROTEM

APR 19 2004