

Entered - 9/1/09 - sb
CL - 09L0667 - ANGELENA KELLY

CLAIM OF: State Farm Insurance Companies
As subrogee of Jamel Hill
P.O. Box 2371
Bloomington, IL 61702

For damages alleged to have been sustained as a result of a vehicular accident on March 24, 2009 at 3201 Martin Luther King Jr. Drive.

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 Companies as subrogee of Jamel Hill** the sum of **\$1,324.06** 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 March 24, 2009 at 3201 Martin Luther King Jr. Drive as is more particularly set forth in the within claim; said sum taken from and charged to account **1001.200101.5212005.1512000.**

APPROVED: **ROGER BHANDARI**
ACTING CITY ATTORNEY

APPROVED
[Signature]
MAYOR

BY: *[Signature]*
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

FAVORABLE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 1/12/10

CHAIR: _____

[Signature]

[Signature]

[Signature]

JAN 19 2010

RECEIVED
JAN 19 2010
[Signature]
INTERNATIONAL CLERK

ADOPTED BY
JAN 19 2010
COUNCIL



**MUNICIPAL CLERK
ATLANTA, GEORGIA**

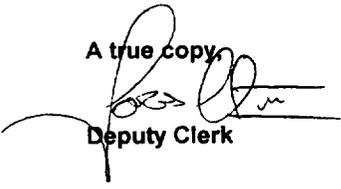
10-R-0092

A RESOLUTION

**BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE**

BE IT RESOLVED BY the Council of the City of Atlanta that action of the Department of Law be approved in authorizing payment to **State Farm Insurance Companies as subrogee of Jamel Hill** the sum of **\$1,324.06** as full and final settlement and satisfaction of all claims, past, present and future, of every kind and character, for property damages alleged to have been from **an automobile accident on March 24, 2009 at 3201 Martin Luther King Jr. Drive** as is more particularly set forth in the within claim; said sum taken from and charged to Account **1001/200101/521200/1512000**.

A true copy,



Deputy Clerk

ADOPTED by the Atlanta City Council
APPROVED by Mayor Kasim Reed

JAN 19, 2010
JAN 25, 2010

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0667

Date: October 30, 2009

Claimant /Victim Jamel Hill

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

Address: P.O. Box 2371, Bloomington, IL 61702

Subrogation: X Claim for Property damage \$ 1,324.06 Bodily Injury \$ 5,645.00

Date of Notice: 8/28/09 Method: Written, proper X Improper _____

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

Date of Occurrence: 3/24/09 Place: 3201 Martin Luther King Jr. Drive

Department: Police Bureau: _____ Office: _____

Employee involved: M. Allen Disciplinary Action: _____

NATURE OF CLAIM: The above claimant sustained damage to his vehicle when it was struck by a police vehicle. The investigation determined that the driver of the city vehicle was at fault for the collision for failing to yield the right of way.

INVESTIGATION:

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

Pictures X 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 _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

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

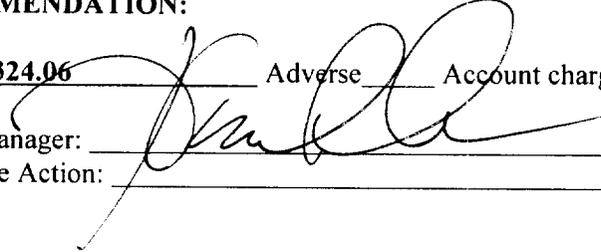
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ANGELENA KELLY

RECOMMENDATION:

Pay \$ 1,324.06 Adverse _____ Account charged: General Fund X Water & Sewer _____ Aviation _____

Claims Manager:  Concur/date 11/5/09

Committee Action: _____ Council Action _____

State Farm Insurance Companies



State Farm Insurance
Subrogation Services
PO Box 2371
Bloomington, IL 61702-2371

August 14, 2009

ENTERED - 9-1-09 - SB
09L0667 - A. KELLY

City of Atlanta
Risk Management Division
23 Claire Dr.
Atlanta, GA 30315

10-R-0092

kelly
08/28/09
[Signature]

RE: Claim Number: 11-7124-445-BLM
Our Insured: Jamel Hill
Date of Loss: March 24, 2009
Your Insured: City of Atlanta
Your Policy Number:
Your Claim Number:

Dear Sir/Madam:

Please advise the status of our subrogation claim.

Your prompt reply will be appreciated.

Sincerely,

Kerry Karr
Claim Processor
(877) 457-8276 Ext. 33969, Team 60
State Farm Mutual Automobile Insurance Company

Enclosures: None

RCS# 17
1/19/10
1:54 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

10-R-0145

ADOPT EXCEPT

YEAS: 14
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 1

Y Smith	Y Archibong	Y Moore	Y Bond
Y Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	Y Willis
B Winslow	Y Adrean	Y Sheperd	NV Mitchell

CONSENT I