

RCS# 23
1/19/10
2:03 PM

Atlanta City Council

REGULAR SESSION

10-R-0093

CLAIM OF STATE FARM AS SUBROGEE OF
STEPHEN AYOUB FOR DAMAGES
FILE

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

10-R-0093

CLAIM OF: STATE FARM INSURANCE COMPAINES,
as subrogee of Stephen Ayoub
P.O. Box 2371
Bloomington, IL 61702

RECEIVED
JAN 19 2010
Randy Douglas Johnson
MUNICIPAL CLERK

For damages alleged to have been sustained as a result of an automobile accident on May 16, 2009 at 6000 North Terminal Parkway.

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 Stephen Ayoub the sum of \$5,217.10 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 an automobile accident on May 16, 2009 at 6000 North Terminal Parkway as is more particularly set forth in the within claim; said sum taken from and charged to account 1001.200101.5212005.1512000.

JAN 19 2010

APPROVED: ROGER BHANDARI
ACTING CITY ATTORNEY

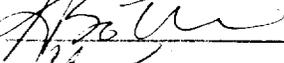
BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

~~FAVORABLE REPORT~~

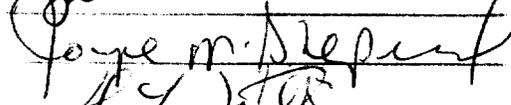
PUBLIC SAFETY & LEGAL ADMINISTRATION COMMITTEE

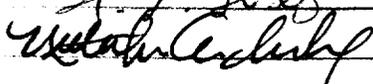
DATE 1/12/10

CHAIR









Filed

JAN 19 2010

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0626

Date: September 28, 2009

Claimant /Victim STEPHEN AYOUB

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

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

Subrogation: X Claim for Property damage \$ 5,217.10 Bodily Injury \$ _____

Date of Notice: 08/05/09 Method: Written, proper X Improper _____

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

Date of Occurrence 05/16/09 Place: 6000 North Terminal Parkway

Department Police Bureau: _____ Office: _____

Employee involved Darryl Slaughter Disciplinary Action: Pending

NATURE OF CLAIM: The driver of a city vehicle backed into the claimant's vehicle causing damages in the above amount.

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 _____

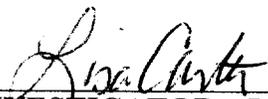
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

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

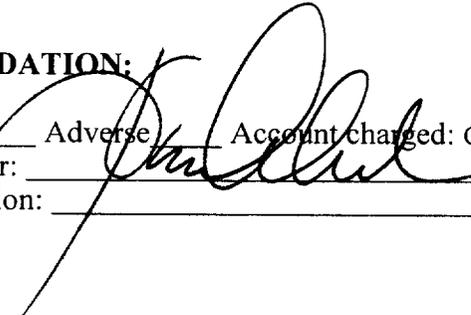
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ 5,217.10 Adverse _____ Account charged: General Fund X Water & Sewer _____ Aviation _____

Claims Manager:  Concur/date 10/15/09

Committee Action: _____ Council Action _____

State Farm Insurance Companies



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

July 28, 2009

Certified Mail-Return Receipt Requested

Council of the City of Atlanta
Municipal Clerk
55 Trinity Ave, SW - City Hall
Atlanta, GA 30303

ENTERED - 8-24-09 - SB
09L0626 - L. CARTER

Carter
08/20/09
[Signature]

RE: Claim Number: 59-A258-106
Our Insured: Stephen Ayoub
Date of Loss: May 16, 2009
Your Insured: Atlanta Police Dept
Your Insured Driver: Darryl Slaughter
Your Claim Number:
Your Policy Number:
Loss Location: 6000 N Terminal Parkway
Atlanta, GA

Dear Sir or Madam:

Facts of Loss: Police officer was backing up to make room for another vehicle to move when he backed into insured's vehicle. Insured was going straight, in back of police car.

It is our understanding that you are self insured. Our investigation indicates you are responsible for this claim. Therefore, we are seeking recovery from you. This letter is to notify you of our subrogation claim and request your cooperation in settling this matter.

To assist you in your review, here is a breakdown of the amounts State Farm paid by Cause of Loss:

041/045 - Uninsured Motorist BI	\$
042 - Uninsured Motorist PD	\$
300 series/400 - Comp/Collision	\$3,674.15
501 - Rental/Loss of Use	\$542.95
600-050 - Med Pay/PIP	\$
Other	\$
Salvage Recovery	\$
Amount State Farm Paid	\$4,217.10
Insured Deductible	\$1,000.00
Total Claim Amount	\$5,217.10

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the

Page 2
July 28, 2009

10-R -0093

Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$5,217.10.

Please remit payment of this claim and include our claim number on the payment. If you have any questions, please call and any member of Team # may assist you. Thank you for your cooperation.

In order to assist you in evaluating and processing the subrogation claim we are asserting, we may provide nonpublic 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 nor permitted to: (1) use the customer information we provided 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,



Kay Edgcomb
Claim Processor
(877) 457-8276 ext 5-2957, Team 60

State Farm Mutual Automobile Insurance Company
Enclosure(s)

PS: Please notice on the rental bill that our insured had \$135.74 in out of pocket rental expenses.