

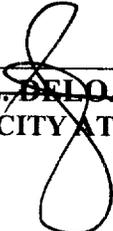
Entered - 10/30/08 - sb
CL - 08L0953 - Angelena Kelly

Claim of: Allstate Insurance Company
As subrogee of Ricky Griffin
Through their attorney Edward Harris
315 West Ponce De Leon Avenue, Suite 602
Decatur, GA 30030

For damages alleged to have been sustained as a result of a
vehicular accident on October 3, 2008 at an unspecified location.

JAN 19 2010

THIS ADVERSED REPORT IS APPROVED

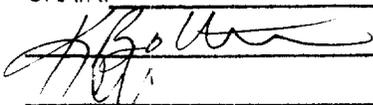
BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

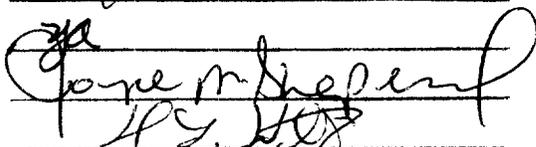
RECEIVED
JAN 19 2010
KIMBERLY A. BROWN
MUNICIPAL CLERK

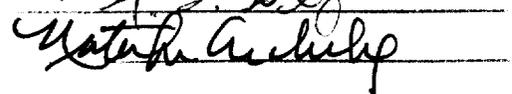
ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 1/12/10

CHAIR: 





**CITY COUNCIL
ATLANTA, GEORGIA**

January 29, 2010

Edward Harris, Esquire
315 West Ponce De Leon Avenue
Suite 602
Decatur Georgia 30030

10-R-0117

**RE: Allstate Insurance Co
Subrogee of Ricky Griffin**

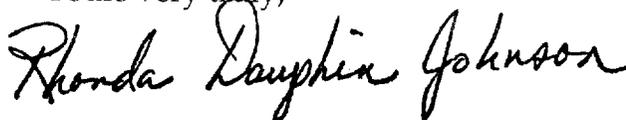
Dear Mr. Harris

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 January 19, 2010. 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

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 08L0953

Date: December 16, 2009

Claimant /Victim: Ricky Griffin
BY:(Atty)(Ins. Co.) Edward Harris, PC
Address: 315 West Ponce De Leon Avenue, Suite 602, Decatur, GA 30030
Subrogation: X Claim for Property damage \$ 1,006.18 Bodily Injury \$ _____
Date of Notice: 10/21/08 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence: 10/3/08 Place: Unspecified location
Department: _____ Bureau: _____ Office: _____
Employee involved: _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that their vehicle was damaged due to a vehicular accident. However, the claimant has failed to furnish information necessary to substantiate the claim.

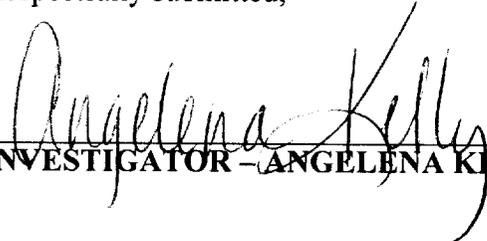
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

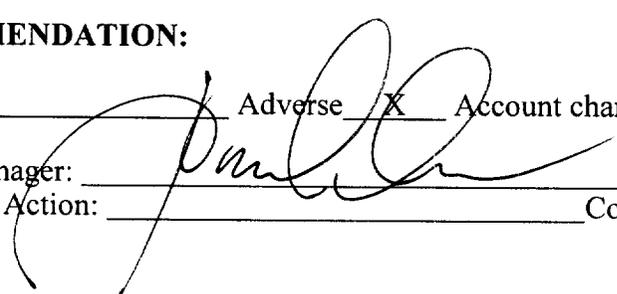
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - ANGELENA KELLY

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: General Fund _____ Water & Sewer _____ Aviation _____
Claims Manager:  Concur/date 12/21/09
Committee Action: _____ Council Action _____

Express Office
PO BOX 650506
DALLAS TX 75265-0506

RECEIVED
OFFICE OF
MUNICIPAL CLERK

2008 OCT 21 AM 9:11

CITY OF ATLANTA MUNICIPAL CLERK
55 TRINITY AVE SW
ATLANTA GA 30303-3520

ENTERED - 10-30-08 - SB
08L0953 - A. KELLY

Kelly
10/30/08
[Signature]

October 13, 2008

INSURED: RICKY GRIFFIN
DATE OF LOSS: October 03, 2008
CLAIM NUMBER: 0120828546

PHONE NUMBER: 800-255-7828
FAX NUMBER: 866-447-4293
OFFICE HOURS:
Open 24 hours a day, 7 days a week

AMOUNT OF LOSS: \$
CLAIMANT: CITY OF ATLANTA MUNICIPAL CLERK

Re: Our Accident Review Process

Dear CITY OF ATLANTA MUNICIPAL CLERK,

We understand that your vehicle was recently involved in an accident, which resulted in damage to our insured's vehicle.

We want you to be aware that we will investigate the details surrounding the accident. If our investigation determines that you are liable for the damage, you will be responsible for reimbursing us for the damages.

If you are insured, we can communicate directly with your insurance company. If you have liability coverage, your insurance company will handle the details. Please complete the enclosed questionnaire and return it in the envelope we have provided. If you did not have insurance coverage in effect on the date of loss, you may be obligated to reimburse us directly.

Unless you can provide this office with evidence of insurance coverage that existed on the date of loss, you may have to reimburse us for payments we make to our insured. Please contact us within 10 days to avoid further action by Northbrook Indemnity Company. You can reach us at 800-255-7828.

We ask that you refer to the claim number listed above when you call our office. Any of our representatives can assist you during regular business hours.

Sincerely,

Your Claim Team

Your Claim Team
800-255-7828
Northbrook Indemnity Company

10-R-0117

Enclosure(s)

AUTR005

0120828546

1001020081014TR001019234001002030639



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