

Entered 01/14/10 sb
CL 10L0034 - LISA CARTER

10- R -0383

**CLAIM OF: STATE FARM INSURANCE
COMPANIES, as subrogee of
CHRISTOPHER VAKY
P.O. Box 2371
Bloomington, IL 61702-2371**

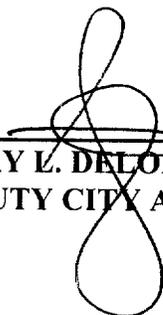
MAR 01 2010

For damages alleged to have been sustained as a result of an automobile accident on November 7, 2009 at Peachtree Road, NE and West Paces Ferry Road, NE.

THIS ADVERSED REPORT IS APPROVED

BY: _____

**JERRY L. DELOACH
DEPUTY CITY ATTORNEY**



ADVERSE REPORT

PUBLIC SAFTEY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 2/23/10

CHAIR: [Signature]

[Signature]

Gayle M. Shepherd

[Signature]

[Signature]

RECEIVED
MAR 01 2010
CITY OF BLOOMINGTON

APPROVED BY
CITY OF BLOOMINGTON
MAR 01 2010



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON
MUNICIPAL CLERK

March 10, 2010

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6030
FAX (404) 658-6273

State Farm Insurance Companies
P.O. Box 2371
Bloomington, IL 61702-2371

10-R-0383

RE: Subrogge for Christopher Vaky

Dear Sir/Madam

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 February 15, 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. 10L0034

Date: January 28, 2010

Claimant /Victim CHRISTOPHER VAKY

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

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

Subrogation: X Claim for Property damage \$ 3,063.70 Bodily Injury \$ _____

Date of Notice: 12/28/09 Method: Written, proper X Improper _____

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

Date of Occurrence 11/07/09 Place: Peachtree Road, NE and West Paces Ferry Road, NE

Department Public Works Bureau: _____ Office: Transportation Services

Employee involved Donald Herring Disciplinary Action: No action taken

NATURE OF CLAIM: The claimant alleges that he sustained damages as a result of an automobile accident at Peachtree Road, NE and West Paces Ferry Road, NE. However, an investigation determined that claimant failed to maintain his lane striking the city vehicle causing damages.

INVESTIGATION:

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

Pictures X 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 _____

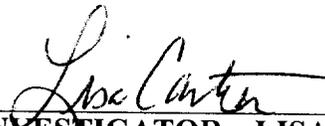
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

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

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

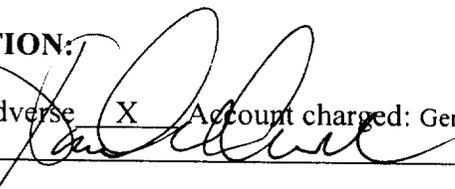
Respectfully submitted,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

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

Claims Manager:  Concur/date 02/11/10

Committee Action: _____ Council Action _____

State Farm Insurance Companies



OFFICE OF
MUNICIPAL CLERK
2009 DEC 28 PM 4:37

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

December 16, 2009

Certified Mail-Return Receipt Requested

Council of the City of Atlanta
Municipal clerk
55 Trinity Ave SW
Atlanta, GA 30303

ENTERED - 1-14-10- SB
10L0034 - L. CARTER

Carter
01/13/10
[Signature]

RE: Claim Number: 11-7223-330
Date of Loss: November 7, 2009
Our Insured: Christopher Vaky
Amount of Claim: \$3,063.70
Location of Loss: Peachtree Rd And Roswell Rd
Atlanta, GA

Dear Sir/Madam:

We are writing to you regarding a loss sustained by our insured.

Our investigation indicates you are responsible for this loss which was caused by your employee. By virtue of our payment to our insured, we are entitled to recovery from the responsible party.

Enclosed find our supporting documents and your completed Government claim form.

Your cooperation is appreciated.

Sincerely,

E. Farina

Eileen Farina x48329
Claim Processor
(877) 457-8276, Team 60

State Farm Mutual Automobile Insurance Company

10-R-0383

		03-01-10
ITEMS ADOPTED ON CONSENT	ITEMS ADOPTED ON CONSENT	ITEMS ADVERSED ON CONSENT
1. 10-O-0275	36. 10-R-0350	42. 10-R-0356
2. 10-O-0276	37. 10-R-0351	43. 10-R-0357
3. 10-O-0277	38. 10-R-0352	44. 10-R-0358
4. 10-O-0278	39. 10-R-0353	45. 10-R-0359
5. 10-O-0279	40. 10-R-0354	46. 10-R-0360
6. 10-O-0289	41. 10-R-0355	47. 10-R-0361
7. 10-O-0290		48. 10-R-0362
8. 10-O-0291		49. 10-R-0363
9. 10-O-0292		50. 10-R-0364
10. 10-O-0293		51. 10-R-0365
11. 10-O-0294		52. 10-R-0366
12. 10-O-0296		53. 10-R-0367
13. 10-O-0241		54. 10-R-0368
14. 10-O-0307		55. 10-R-0369
15. 10-R-0334		56. 10-R-0370
16. 10-R-0335		57. 10-R-0371
17. 10-R-0390		58. 10-R-0372
19. 10-R-0395		59. 10-R-0373
20. 10-R-0407		60. 10-R-0374
21. 10-R-0411		61. 10-R-0375
22. 10-R-0394		62. 10-R-0376
23. 10-R-0396		63. 10-R-0377
24. 10-R-0338		64. 10-R-0378
25. 10-R-0339		65. 10-R-0379
26. 10-R-0340		66. 10-R-0380
27. 10-R-0341		67. 10-R-0381
28. 10-R-0342		68. 10-R-0382
29. 10-R-0343		69. 10-R-0383
30. 10-R-0344		70. 10-R-0384
31. 10-R-0345		71. 10-R-0385
32. 10-R-0346		
33. 10-R-0347		
34. 10-R-0348		
35. 10-R-0349		