10- R -0433

ADOPTED BY
MAR 15 2010
COUNCIL

MAR 15 2010

Entered – 7/17/09 - sb
CL – 09L0527 - ANGELENA KELLY

CLAIM OF: Allstate Insurance Company
As subrogee of Olivia Baratta
P.O. Box 660636
Dallas, TX 75266

For damages alleged to have been sustained as a result of a vehicular accident on November 10, 2008 at Monroe Drive and Piedmont Road.

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 **Allstate Insurance Company as subrogee of Olivia Baratta** the sum of **$9,089.66** 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 November 10, 2008 at Monroe Drive and Piedmont Road 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

BY: _____
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

FAVORABLE REPORT
PUBLIC SAFTEY &
LEGAL ADMINISTRATION COMMITTEE
DATE: 3/9/10
CHAIR:

MUNICIPAL CLERK
ATLANTA, GEORGIA

10-R-0433

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 **Allstate Insurance Company as subrogee of Olivia Baratta** the sum of **$9,089.66** 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 sustained as a result of **a vehicular accident on November 10 , 2008 at Monroe Drive SE and Piedmont Road** as is more particularly set forth in the within claim; said sum taken from and charged to Account **1001/200101/5212005/1512000**.

A true copy,
Rhonda Dauphin Johnson
Municipal Clerk

ADOPTED by the Atlanta City Council **MAR 15, 2010**
APPROVED by Mayor kasim Reed **MAR 23, 2010**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. **09L0527** Date: December 28, 2009

Claimant /Victim: **Olivia Baratta**
BY: (Atty) (Ins. Co.) Allstate Insurance Company
Address: C/O Dexter Mack, P.O. Box 660636, Dallas, TX 75266
Subrogation: X Claim for Property damage $ 9,089.66 Bodily Injury $ _____
Date of Notice: 4/23/09 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence: 11/10/08 Place: Monroe Drive and Piedmont Road
Department: Police Bureau: _____ Office: _____
Employee involved: Bailey, Roosevelt Disciplinary Action: _____

NATURE OF CLAIM: The driver of a city vehicle struck the claimant's vehicle, causing damages in the above amount. The driver of the City vehicle was found to be at fault for failure to yield to on- coming traffic.

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,

Angelena Kelly

INVESTIGATOR – ANGELENA KELLY

RECOMMENDATION:

Pay $ **9,089.66** Adverse _____ Account charged: General Fund X Water & Sewer _____ Aviation _____

Claims Manager: _____ Concur/date 1/12/10
Committee Action: _____ Council Action _____

Allstate. You're in good hands.

Macon
PO BOX 660636
DALLAS, TX 75266

Kelly
07/15/09

CITY OF ATLANTA
STE 9100
ATLANTA GA 30303

ENTERED - 7-17-09 - SB
09L0527 - A. KELLY

April 23, 2009

INSURED: OLIVIA BARATTA
DATE OF LOSS: November 10, 2008
CLAIM NUMBER: 0123383630

AMOUNT OF LOSS: $9,089.66
CLAIMANT:

PHONE NUMBER: 800-729-0130
FAX NUMBER: 866-447-4293
OFFICE HOURS: Mon - Fri 8:00 am - 5:30 pm, Sat 8:00 am - 2:00 pm

Re: Our Accident Review Process

Dear CITY OF ATLANTA,

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 Allstate Fire and Casualty Insurance Company. You can reach us at 800-729-0130 Ext. 4694.

Should you wish to discuss any aspect of this case including this letter, please call me at the number below, and refer to our claim number.

Sincerely,

DEXTER MACK

10- R -0433

DEXTER MACK
800-729-0130 Ext. 4694 → x2702
Allstate Fire and Casualty Insurance Company
Enclosure(s)

AUTR005 RECD 7/8/09

0123383630

10010200904 23TR00102157400100203617 0

RCS# 124
3/15/10
2:18 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

ADOPT

YEAS:	13
NAYS:	0
ABSTENTIONS:	0
NOT VOTING:	1
EXCUSED:	0
ABSENT	2

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