

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 12L0568

Date: August 5, 2014

Claimants /Victim: Jeremiah Gamble

BY: (Atty) (Ins. Co.) Kanner & Pinaluga, P.A.

Address: 2180 Satellite Boulevard, Suite 400, Duluth Georgia 30097

Subrogation: Claim for Property damage \$ Bodily Injury \$ Unknown

Date of Notice: 8/14/12 Method: Written, Proper X Improper

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

Date of Occurrence: 7/23/12 Place: Crown and Browns Mill Roads

Department: Planning and Community Development Bureau: Office: Buildings

Employee involved: Craig Frazier Disciplinary Action: Defensive Driving Course

NATURE OF CLAIM Claimant alleges bodily injury sustained when the vehicle he was riding in was struck b a city vehicle. The investigation determined the claimant has filed a lawsuit to resolve his bodily injury claim.

INVESTIGATION:

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

Pictures X Diagrams Reports: Police X Dept Report: X Other:

Traffic citations issued: City Driver X 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,

[Signature: J. Edmonds]

INVESTIGATOR - JANINE J. EDMONDS

RECOMMENDATION:

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

Claims Manager/Director: [Signature] Concur/date 8/25/14

Deputy City Attorney: [Signature] Concur/date 9/3/14

Committee Action: Council Action

Kelly  
8/15/12  
JTB



**KANNER  
& PINTALUGA, P.A.**  
ACCIDENT ATTORNEYS  
(Abogados de Accidentes)

MAIN OFFICE:  
(Oficina Principal)  
Correspondence to:

2180 SATELLITE BLVD., STE. 40C  
DULUTH, GEORGIA 30097  
TEL: (404) 952-2995  
(770) 504-5644  
(678) 207-0789  
FAX: (866) 641-4690  
Tel: (800) 586-5555

LAW DEPARTMENT

AUG 14 REC'D

RECEIVED

August 14, 2012

ENTERED - 8-20-12 - SB  
12L0568 - A. KELLY

City of Atlanta  
Department of Law/ Claims Dept  
68 Mitchell Street Suite 4100  
Atlanta, Georgia 30303

SENT CERTIFIED RETURN RECEIPT MAIL # 7012 1640 0000 (078 2152 & Fax to:  
404-546-9379

Re: Our Clients : Cathy Stokes & **Jeremiah Gamble**  
Your Driver : Craig Frazier  
Date of Accident: 07/23/12

To Whom It May Concern:

Please be advised that this law firm represents the said clients in regards to the injuries & damages they sustained in the above-referenced automobile accident.

As a direct and proximate cause of your insured's actions, my clients suffer permanent injuries, pain and suffering, economic loss, and resulting hardships.

Pursuant to O.C.G.A. Section 33-3-28, I am hereby submitting this written request that you forward to me any and all information that you may have, including but not limited to:

1. The name of each insured that may have been issued a policy regarding the above-referenced matter;
2. Statements of the limits of liability coverage available;
3. A statement regarding any policy coverage defenses that you reasonably believe are available to you at this time;
4. A copy of the insurance policy regarding the above-referenced matter;

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