

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 14L0341-A

Date: August 28, 2014

Claimant /Victim JAY COREY KING

BY:(Atty)(Ins. Co.) STATE FARM

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

Subrogation: X Claim for Property damage \$ 7,548.02 Bodily Injury \$

Date of Notice: 6/27/14 Method: Written, proper X Improper

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

Date of Occurrence 2/15/14 Place: 1544 Piedmont Avenue

Department: WATERSHED Bureau: Waste Water Treatment & Collections Office:

Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges property damage sustained when he drove over a metal plate in the roadway at the above location. The investigation determined that Watershed Management had been working at this location and failed to properly secure the metal plate. Repairs were completed on February 18, 2014.

INVESTIGATION:

Statements: City employee Claimant X Others Written X Oral X

Pictures X Diagrams Reports: Police Dept Report X Other X

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental Ministerial X

Improper Notice More than Six Months Other Damages reasonable

City not involved Offer rejected Compromise settlement X

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

Claimant Negligent City Negligent X Joint Claim Abandoned

Respectfully submitted,

Handwritten signature of Warren Hayes
INVESTIGATOR - WARREN HAYES

RECOMMENDATION:

Pay \$ 6,500.00 Adverse Account charged: General Fund Water & Sewer X Aviation

Claims Director/Manager: [Signature] Concur/date 9/12/14

Deputy City Attorney: [Signature] Concur/date 9/23/14

Committee Action: Council Action

RECEIVED - RECD

JUL - 2 2014

RECEIVED PM  
OFFICE OF  
MUNICIPAL CLERK

Providing Insurance and Financial Services  
Home Office, Bloomington, IL



2014 JUN 27 AM 8:11

June 17, 2014

City Of Atlanta Municipal Clerk  
55 Trinity Ave SW  
Atlanta GA 30303-3520

State Farm Claims  
P.O. Box 2371  
Bloomington IL 61702-2371

Assign to WEA  
CAC 7/14  
14L0341 A

ENTERED - 7-14-14 - SB  
14L0341-A - W. HAYES

**Certified Mail - Return Receipt Requested**

RE: Claim Number: 11-410S-205  
Our Insured: Jay C King  
Date of Loss: February 15, 2014  
Your Insured: City Of Atlanta  
Your Insured Driver: None- metal plate in road  
Loss Location: Monroe St. in front of Ansley Mall, Atlanta, GA  
Insured's Out-of-pocket: \$92.02

To Whom It May Concern:

Facts of Loss:

Insured ran over a steel plate in the road and caused undercarriage damage, vehicle leaking fluid.

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 | \$6,258.15 |
| 501 - Rental/Loss of Use        | \$289.87   |
| 600-050 - Med Pay/PIP           | \$         |
| Other                           | \$         |
| Salvage Recovery                | \$         |
| Amount State Farm Paid          | \$6,548.02 |
| Insured Deductible              | \$1,000.00 |
| Total Claim Amount              | \$7,548.02 |

Based on the assessment of liability between the parties, State Farm Mutual Automobile Insurance Company is seeking 100% of the Total Claim Amount listed above. The amount payable to State Farm Mutual Automobile Insurance Company for this loss is \$7,548.02.

11-410S-205  
Page 2  
June 17, 2014

Please remit payment of this claim and include our claim number on the payment. If you have any questions or need additional information, please call me at the number listed below. If I am not available, any other member of my 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,

Eileen Farina  
Claim Representative  
(877) 457-8276 Ext. 60  
Fax: (866) 231-9276

State Farm Mutual Automobile Insurance Company

Enclosure