



City of Chicago



Or2022-131

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	5/23/2022
Sponsor(s):	Waguespack (32)
Type:	Order
Title:	Payment of small claims
Committee(s) Assignment:	Committee on Finance

ORDERED, That the City Comptroller is authorized and directed to pay the following named claimants the respective amounts set opposite their names, said amount to be paid in full and final settlement of each claim on the date and location by type of claim as follows:

Chicago, 5/25, 2022

To the President and Member of the City Council:

Your committee on finance, having had under consideration an order authorizing the payment of various small claims against the City of Chicago.

Having had the same under advisement, begs leave to report and recommend that Your Honorable Body pass the proposed order transmitted herewith.

This recommendation was concurred in by _____ member of the committee (with _____ dissenting vote(s)).

Respectfully Submitted

(Signed) Scott A. Guarnaccia
Chairman

Journal Report for City Council GL Claims

May 25, 2022

Last Name	First Name	Address	City	State	Zip Code	DOL	Total Paid	Payee	Location of Accident
PROPERTY									
Claimant Type Desc: Property(7)									
GOMEZ	SILVIA	6601 S. KOMENSKY AVE.	CHICAGO	IL	60629	06/06/2019	\$784.00	Claimant	6601 S KOMENSKY AVE.
WEAVER	ALVORNA	7846 S. INDIANA AVE.	CHICAGO	IL	60619	06/23/2020	\$250.00	Claimant	7846 S INDIANA AVE.
Total of Split Claims:		Number	Amount						
		2	\$1,034.00						
Claimant Type Desc: Vehicle(8)									
BARCENAS	MARIA	2114 N. KARLOV AVE.	CHICAGO	IL	60639	09/24/2021	\$409.00	Claimant	3045 N CENTRAL AVE
BARCENAS	MARIA	2114 N. KARLOV AVE.	CHICAGO	IL	60639	09/24/2021	\$195.20	DEPARTMENT OF REVENUE	3045 N CENTRAL AVE.
BELTRAN	RAYMOND	54 WASHINGTON BLVD. APT. 101	MUNDELEIN	IL	60060	12/08/2021	\$466.79	Claimant	3200 N LAKE SHORE DRIVE
CONTRERAS	JOSE	1215 S 50TH AVE	CICERO	IL	60804	12/03/2020	\$248.09	Claimant	1440 W CERMAK RD
CORTIS	MAXIMILLIAN	2712 N. HERMITAGE AVE.	CHICAGO	IL	60614	12/08/2021	\$145.33	Claimant	2716 N PAULINA ST
DeCHANT	ERIC	5329 N OLCOTT	CHICAGO	IL	60656	09/29/2019	\$1,643.93	Claimant	5329 N OLCOTT
FLETCHER	AUSTIN	1200 CINNAMON HILL LN #103	COLUMBIA	MO	65201	10/14/2021	\$567.48	Claimant	1251 W FARWELL
FORAJTER	MEGHAN	5011 N ROCKWELL ST #1	CHICAGO	IL	60625	02/08/2020	\$310.75	Claimant	2565 W GRANVILLE
FRANKLIN	KESHUNA	9555 SOUTHWEST HIGHWAY	OAK LAWN	IL	60453	02/24/2019	\$100.93	Claimant	299 E MONROE ST
GAINES	ROBERT	143 N CENTER ST	SENSENVILLE	IL	60106	12/17/2021	\$721.95	Claimant	5823 W CORCORAN PL
HAYWOOD	LATOSHA	6332 S. LAFLIN ST.	CHICAGO	IL	60636	12/31/2021	\$86.41	Claimant	7901 S DAMAEN AVE
LAMBLE	MICHAEL	1128 W ALBION AVE	CHICAGO	IL	60626	11/18/2021	\$911.66	Claimant	3100 N LAKE SHORE DR
MARKS	STEPHANIE	2933-A NORTH HERMITAGE AVE.	CHICAGO	IL	60657	09/03/2020	\$1,741.72	Claimant	2740 N DAMEN AVE.
MEKONEN	ENDALE	4425 MADISON	SKOKIE	IL	60076	02/05/2022	\$211.87	Claimant	5200 N LAKE SHORE DR
MOORE SALAAM	KATRINA	7322 S BENNETT AVE	CHICAGO	IL	60649	07/05/2021	\$110.39	DEPARTMENT OF REVENUE	4700 S LAKE SHORE DR
PANICI	THOMAS	1330 W MONROE ST #207	CHICAGO	IL	60607	01/28/2022	\$34.04	Claimant	800 W CHICAGO
POWELL	NIKKI	827 BRUMMEL ST #1	EVANSTON	IL	60202	12/08/2021	\$129.85	Claimant	3100 N LAKE SHORE DR
REYNOLDS	CHAREA	3007 W 77TH ST	CHICAGO	IL	60652	10/12/2021	\$164.62	Claimant	4158 W 83RD ST
SHELLEY	TINA	3426 ARDEN AVE #2	BROOKFIELD	IL	60513	09/02/2019	\$290.93	Claimant	400 N PAULINA
THOMAS	SANDRA	8040 S TRUMBULL AVE	CHICAGO	IL	606522546	09/12/2021	\$331.48	Claimant	215 N CANAL ST
WILLIAMS	DENORRIS	2502 W. 60TH ST. #1E	CHICAGO	IL	60629	12/04/2019	\$733.37	DEPARTMENT OF REVENUE	1957 W 62ND ST
		C/O J.P. McFADDEN LAW GROUP,	CHICAGO	IL	60602	01/31/2021	\$2,425.82	Claimant	8803 S ADA ST.

All State / Alexander

Last Name	First Name	Address	City	State	Zip Code	DOL	Total Paid	Payee	Location of Accident
<i>State Farm / Grantz</i>		CRU - SUBROGATION	ATLANTA	GA	303486172	05/30/2021	\$1,201.98	Claimant	111 S HALSTED
<i>Safe Co / Estep</i>		SUBRO DEPT - PO BOX 30	EAST	NY	11731	03/19/2019	\$122.00	DEPARTMENT OF REVENUE	5343 W LELAND AVE
<i>Safe Co / Estep</i>		SUBRO DEPT - PO BOX 30	EAST	NY	11731	03/19/2019	\$1,262.59	Claimant	5343 W LELAND AVE

Total of Split Claims: 25 Number Amount
 \$14,568.18

Total of Split Claims: 27 Number Amount
 \$15,602.18