

00-P-1031

Entered 5-19-00-sb
CL 00L0316 - GWENDOLYN BURNS

CLAIM OF: JOSEPHINE SUMMERLIN
2637 Old Hapeville Road
Apartment 10E
Atlanta, Georgia 30315

For personal injuries alleged to have been sustained
as a result of a slip and fall on or about April 5, 2000,
at Grady Memorial Hospital.

THIS ADVERSED REPORT IS
APPROVED

BY:

Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

CERTIFIED
JUL 17 2000
ATLANTA CITY COUNCIL PRESIDENT
Patricia A. Pata

ADVERSED REPORT

COM. *R.S.A.L.A.*

DATE *7/11/00*

CHM *C. T. Martin*

Patricia A. Pata

Henry Carey

CONSENT AGENCY

ADVERSED BY JUL 17 2000
CITY COUNCIL

CERTIFIED
JUL 17 2000
Patricia A. Pata
MUNICIPAL CLERK



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

July 28, 2000

Josephine Summerlin
2537 Old hapeville Road
Apartment 10 E
Atlanta, GA 30315

00-R-0-1031

Dear Ms. Summerlin:

I sincerely regret that you have been adversely affected by the circumstances raised in your 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 claim at its regular meeting on July 17, 2000. 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.**

Sincerely,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0316

Date: June 29, 2000

Claimant /Victim JOSEPHINE SUMMERLIN
BY: (Atty) (Ins. Co.)
Address: 2637 Old Hapeville Road, 10-E, Atlanta, Georgia 30315
Subrogation: Claim for damages \$ Bodily Injury \$ unspecified
Date of Notice: 5/17/00 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 4/5/00 Place: Grady Hospital - 80 Butler Street, SE
Department Division
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that she sustained bodily injuries when she tripped and fell on a light located inside the walkway at the above location. An investigation determined that the walkway is owned, operated and maintained by Grady Hospital. The claimant has been advised of same and her claim has been forwarded to Grady Hospital for resolution.

INVESTIGATION:

Statements: City employee Claimant Others X Written Oral X
Pictures Diagrams Reports: Police Dept Report Other X
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved X Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager: Dan Cartledge Concur/date 06-29-00
Committee Action: Council Action

FORM 23-61

00- R-1031

RECEIVED 05/17/00 2000 Reeves

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: April 8-00

RECEIVED MAY 17 2000

Dear Municipal Clerk:

ENTERED - 5-19-00 - SB
00L0316 - MIKE REEVES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 3000.00 (bodily injury for which I contend the City is liable).

1. Date of incident: 4-5-00 (month/day/year) 2. Police called: X Yes No

3. Location of incident: IN Front of Grady Hospital on the sidewalk

4. Name of your insurance company: _____ Policy No. _____

5. State what and how incident occurred: The small light pole in front of Grady My feet hit the pole and I fell on that cement and hurt my hand both sides on my body elbow and

and I can't get up two men picked me up. I am still hurting

ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____ (make) (year) (tag number) (driver's name)

City vehicle: _____ (make) (City driver's name) department/bureau

Witness: _____ (name) (address) (telephone number)

The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees.

This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Josephine Sumner (claimant's name)

2637 Old Hapeville Rd #10c (address)

Atlanta Ga 30315 (city and state)

404-768-4532 (work number) (home number)

Medicaid paid my Doc Bill But I would like to be paid for pain and needles and I am still hurting my arm in hurt. Thank you.

(4) 768-4532