

CLAIM OF: LAURA FULLER
3565 Rembrandt Road
Atlanta, Georgia 30327

For damages alleged to have been sustained as a
result of vehicular damage on May 11, 2000 at
Barfield Drive and Hammond Drive.

THIS ADVERSED REPORT IS
APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

ADVERSED REPORT

COM: *R.S. & L.A.*

DATE: *7/11/00*

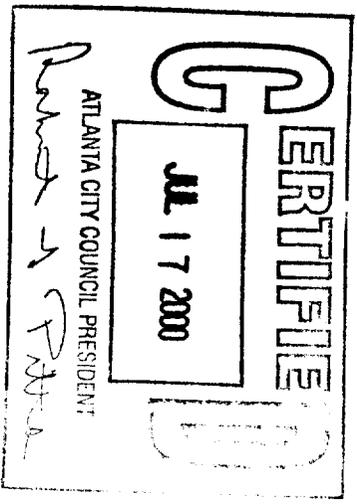
ON: *C. Tompkins*

[Signature]

[Signature]

[Faint stamp]

ADVERSED BY
CITY COUNCIL JUL 17 2000





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

Laura Fuller
3565 Rembrandt Rd.
Atlanta, GA 30327

00-R-1039

Dear Ms. Fuller:

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. 00L0347

Date: June 26, 2000

Claimant /Victim LAURA FULLER
BY: (Atty) (Ins. Co.)
Address: 3565 Rembrandt Road, Atlanta, Georgia 30327
Subrogation: Claim for Property damage \$ not stated Bodily Injury \$
Date of Notice: 05/18/00 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 05/11/00 Place: Barfield Drive and Hammond Drive
Department Division:
Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges her vehicle was damaged when she struck metal plates in the roadway at the above listed location. However, the location of the incident is outside the Atlanta City limits. The claimant has been advised to pursue her claim with Fulton County.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police Dept Report Other
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 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,

[Signature]
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager: [Signature] Concur/date 06-26-00
Committee Action: Council Action

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: 5-13-2000

Mitchell
06/09/00

MAY 1 2000

ENTERED - 6-12-00 - SB
00L0347 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$? I'm getting 2 property and/or \$ _____ bodily injury for which I contend the City is liable. estimates.

- 1. Date of incident: 5-11-00 (month/day/year)
- 2. Time of Incident: _____
- 3. Police called: _____
- 4. Location of incident (including street address): Barfield + Hammond dr. - Sand Springs ^{Yes} ^{No}
near the HOTEL 2 metal plates w/ a Huge
(near the Holiday Inn) gap in between.
- 5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: There were 2 metal plates that had a "Huge gap" in between them. I went over them & hit hard shaking my car terribly. Cars in front also block the view until your on top of this dangerous site. I called immediately & reported to the city. NO orange warning cones.

7. 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!

8. 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: Jeep Cherokee 746 SDP Laura Fuller
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment 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 employee(s).

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

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

Laura Fuller
Signature of Claimant

Laura Fuller
(Print Claimant's Name)
3565 Rembrandt rd
(Address)
Atlanta, Georgia 30327
(City, State and Zip Code)

cell # 770-327-5072 404-495-0455
(Work Number) (Home Number)

00- R -1039