

CLAIM OF: AVERY LAMAR PASS
52 Springside Drive, SE
Atlanta, Georgia 30354

For damages alleged to have been sustained as a result of a vehicular accident on April 18, 1999 at 1630 Metropolitan Parkway, SW.

BY PUBLIC SAFETY AND LEGAL
ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to AVERY LAMAR PASS the sum of \$1,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on April 18, 1999 at 1630 Metropolitan Parkway, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

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

ADOPTED BY
JUL 17 2000
COUNCIL

FAVORABLE REPORT
COM. *Rubens Newell*
DATE *7/17/2000*

CHM. *C.T. Wick*

Debra Anderson

Debra Anderson

APPROVED

JUL 26 2000

WITHOUT SIGNATURE
BY OPERATION OF LAW

CERTIFIED
JUL 17 2000
ATLANTA CITY COUNCIL PRESIDENT
Robert A. Patta

CERTIFIED
JUL 17 2000
Rosalind Rubens Newell
MUNICIPAL CLERK



**MUNICIPAL CLERK
ATLANTA, GEORGIA**

00-R-1051

A RESOLUTION

**BY PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE**

BE IT RESOLVED BY the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Avery Lamar Pass** in the sum of **\$1000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained as a result of a **vehicular accident on April 18, 1999 at 1630 Metropolitan Parkway, SW** as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

Rhonda Daughin Johnson
Municipal Clerk, CMC

**ADOPTED by the Council
RETURNED WITHOUT SIGNATURE OF THE MAYOR
APPROVED as per City Charter Section 2-403**

JULY 17, 2000

JULY 26, 2000

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0310

Date: June 26, 2000

Claimant /Victim AVERY LAMAR PASS

BY: (Atty)

Address: 52 Springside Drive, SE, Atlanta, Georgia 30354

Subrogation: Claim for Property damage \$ 1,239.32 Bodily Injury \$

Date of Notice: 05/02/00 Method: Written, proper X Improper

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

Date of Occurrence 04/18/00 Place: 1630 Metropolitan Parkway, SW

Department Corrections Division:

Employee involved Diane Jones Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The driver of the City vehicle made an improper left turn into traffic and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police X Dept Report X Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial

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 Dianne C. Mitchell]

INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,000.00 Adverse Account charged: 1A01 X 2J01 2H01

Claims Manager: [Handwritten signature] Concur/date 06-26-00

Committee Action: Council Action

Hand Delivered

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:

MAY 2, 2000

05/17/00

Mr

MAY - 2

05-02-00 A10:10 IN

ENTERED - 5-19-00 - SB
00LO310 - MIKE REEVES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,239.32 property and/or \$ # 0 bodily injury for which I contend the City is liable.

1. Date of incident: April 18, 2000 2. Time of Incident: 13:25 3. Police called: Yes No
(month/day/year)

4. Location of incident (including street address): 1630 Metropolitan Pkwy ^{S.W.} Atlanta, Ga. 30310

5. Name of your insurance company: Allstate Ins Co. Policy No. 085486439

6. State what and how incident occurred: Accident occurred at Veh. # 1 (Citigowned Sedan), entered intersection unsafely as there was oncoming traffic (Veh # 2) and was struck by Veh # 1

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: Ford Mustang 92 Terry Lee Charon Pass
(Make) (Year) (Tag Number) (Driver's Name)

Ford Crown Victoria Diane Jones (major) Atlanta Department of Corrections
(Make) (City Driver's Name) (Department/Bureau)

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

10. 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 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.

Avery Lamar Pass
Signature of Claimant

Avery Lamar Pass
(Print Claimant's Name)

52 Springside Drive SE
(Address)

Atlanta, Georgia 30354
(City, State and Zip Code)

404 261-5544 404 761-4693
(Work Number) (Home Number)

Avery Pass

