

Entered - 5-19-00 - sb
CL 00L0294 - GWENDOLYN BURNS

CLAIM OF: **AMBER S. JAMES**
P.O. Box 54532
Atlanta, Georgia 30308

For damages alleged to have been sustained as a result of a vehicular accident on April 18, 2000 at North Avenue & Myrtle Street.

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 **AMBER S. JAMES** 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 vehicular accident on April 18, 2000 at North Avenue & Myrtle Street as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/731001, 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. *Public Safety*

DATE *7/11/2000*

CHM. *C. T. Martin*

[Signature]

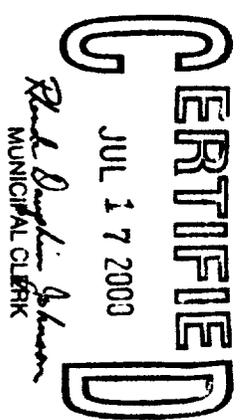
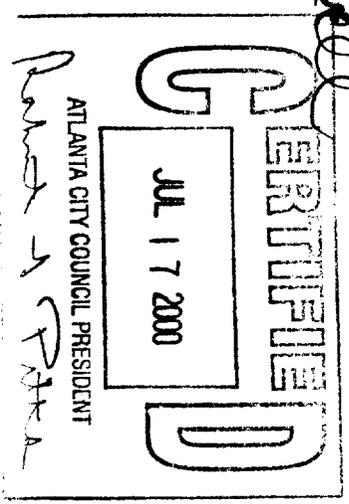
[Signature]

CONSENT AGENDA

APPROVED

JUL 26 2000

WITHOUT SIGNATURE
BY OPERATION OF LAW





MUNICIPAL CLERK
ATLANTA, GEORGIA

00-R-1057

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 **Amber S. James** 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, 2000 at North Avenue & Myrtle Street** 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,

Phonda 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. 00L0294

Date: June 30, 2000

Claimant /Victim AMBER S. JAMES
BY: (Atty) (Ins. Co.)
Address: 841 Argonne Avenue, Apt. T-3, Atlanta, Georgia 30314
Subrogation: Claim for Property damage \$ 1,700.00 Bodily Injury \$
Date of Notice: 5/10/00 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 4/18/00 Place: North Avenue & Myrtle Street
Department POLICE Division
Employee involved Dan A. Tripp Disciplinary Action:

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was rear ended by a City vehicle. The City employee was cited for "following too closely".

INVESTIGATION:

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

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable X
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,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,000.00 Adverse Account charged: 1A01 X 2J01 2H01
Claims Manager: Concur/date
Committee Action: Council Action

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

RECEIVED MAY 10 2000

RE: CLAIM FOR DAMAGES

Today's Date: 05/10/00

BURNS
05/17/00

Dear Municipal Clerk:

ENTERED - 5-19-00 - SB
00LO294 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1700 (approx) property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 04/18/00 (month/day/year) 2. Time of Incident: 11:00AM 3. Police called: Yes No

4. Location of incident (including street address): North Avenue / Myrtle St

5. Name of your insurance company: Direct Insurance Policy No. GABD112701667

6. State what and how incident occurred: I turned into the centre lane from North Ave, signalled left, changed lane, signal off, then on again, slowed down & stopped at Myrtle street signalling to turn left. Motorcycle hit the side of my car when it was stationary. (3/4 sess)

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! after I stopped

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: Plymouth - 1987 108RZM Amber JAMES
(Make) Caravelle (Year) (Tag Number) (Driver's Name)

City vehicle: Kawasaki Officer Dan Yieh City Police
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: only other police officer - Officer Pleaded
(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.

Amber James
Signature of Claimant

AMBER S. JAMES
(Print Claimant's Name)

841, ARGONNE AVENUE
(Address)

ATLANTA GA 30308
(City, State and Zip Code)

(404) 874 0849 (678) 357 3963
(Work Number) (Home Number)

* address on 2nd sheet

