

Entered 2-3-99 - sb

CL 99L0049 - GWENDOLYN BURNS

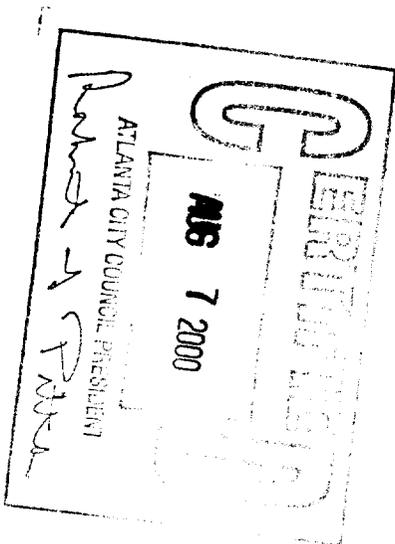
CLAIM OF: JUANITA GRIFFIN

423 Deckner Avenue, SW  
Atlanta, Georgia 30310

For damages alleged to have been sustained  
as a result of a property damage incident on  
October 22, 1998 at 675 Ponce De Leon  
Avenue.

**CONSENT AGENDA**

THIS ADVERSED REPORT IS  
APPROVED



BY: *Rosalind Rubens Newell*

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

**ADVERSED REPORT**

COM: *Public Safety*

DATE: *8/17/2000*

BY: *C. T. Martin*

*[Signature]*

*[Signature]*

*[Signature]*



ADVERSED  
CITY COUNCIL AUG 07 2000

00-*2*-1163

August 28, 2000

Juanita Griffin  
423 Deckner Ave., SW  
Atlanta, GA 30310

**00-R-1163**

Dear Ms. Griffin:

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 August 07, 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. 99L0049

Date: July 19, 2000

Claimant /Victim JUANITA GRIFFIN
BY: (Atty) (Ins. Co.)
Address: 423 Deckner Avenue, SW, Atlanta, Georgia 30310
Subrogation: Claim for Property damage \$ 200.00 Bodily Injury \$
Date of Notice: 1/19/99 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 10/22/98 Place: 675 Ponce De Leon Avenue
Department POLICE Division
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that while her purse was in the possession of the Property Control Unit of the Police Department it was lost and she was unable to claim it. However, the issues of this claim have been resolved by the Police Department.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
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 X Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces X
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: Concur/date 07-20-00
Committee Action: Council Action

19  
1-19-99 P05:17 RCVD

BURNS  
01/28/99  
[Signature]

Council of The City Of Atlanta  
Clerk of The Council  
City Hall  
55 Trinity Ave. S.W.  
Atlanta, GA 30335

Re: Claim for Damages

Today's Date: January 11, 99

ENTERED - 2-3-99 - SB  
99L0049 - GWEN BURNS

Dear Sir or Madam:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 200.00 Property and/or \$ \_\_\_\_\_ bodily for which I contend the City is liable.

1. Date of Incident 10-22-98 2. Police Called Officers M. Jander & Carl E  
Month/Day/Year (Yes) (No)

3. Location of Incident 423 Georgia Ave

4. Name of your Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

5. State what and how the incident occurred My purse fell off the car, went back to get it someone had turned it over to the police dept. The next week I went to get it from the police dept and they couldn't find it

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

7. The registered owner must make the claim for vehicle damages. Complete the following and attach two (2) estimates of repair.

Your Vehicle: \_\_\_\_\_  
(Make) (Year) (Tag #) (Drivers Name)

City Vehicle: \_\_\_\_\_  
(Make) (Drivers Name) (Department)

8. Witness: \_\_\_\_\_  
(Name) (Address) (Phone)

9. The acknowledgement of this claim in no way waives the Governmental 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.

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

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE.

Janita Papp (Seal)  
105 Moreland Ave SE  
Atlanta Ga. 30316  
(404) 524-4804  
(City) (State) (Zip) (Home Phone) (Bus. Phone)

6/23/00

New Address

423 Decatur Ave. SW  
Atlanta, GA. 30310

00- R -1163