

Entered - 06/11/01 - sb
CL01L0356 - DIANNE C. MITCHELL

CLAIM OF: **ASHLEY MCLEOD**
1936 Wellona Place
Atlanta, Georgia 30345

01-*l*-1242

For damages alleged to have been sustained as a result of vehicular damage due to protruding tree at 1059 Lanier Boulevard on May 2, 2001.

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 **ASHLEY MCLEOD** 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 damage due to protruding tree at 1059 Lanier Boulevard on May 2, 2001 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

FAVORABLE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: **SEP 04 2001**

CHAIR: *C. T. Marlin*

[Signature]

Clota Winslow

APPROVED

SEP 13 2001

WITHOUT SIGNATURE
BY OPERATION OF LAW

ADOPTED BY
SEP 04 2001
COUNCIL

CERTIFIED
SEP 04 2001
Rose Langford Johnson
MUNICIPAL CLERK

CERTIFIED
SEP 04 2001
ATLANTA CITY COUNCIL PRESIDENT
[Signature]



**MUNICIPAL CLERK
ATLANTA, GEORGIA**

01-R-1242

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 **Ashley McLeod** in 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 vehicle damage due to protruding tree at 1059 Lanier Boulevard on May 2, 2001** 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 Dauphin Johnson
Municipal Clerk, CMC

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

SEP 04, 2001

SEP 13, 2001

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0356

Date: August 1, 2001

Claimant /Victim ASHLEY MCLEOD

BY: (Atty)(Ins. Co.) _____

Address: 1936 Wellona Place, Atlanta, Georgia 30345

Subrogation: _____ Claim for Property damage \$ 1,000.00 Bodily Injury \$ _____

Date of Notice: 05/18/01 Method: Written, proper X Improper _____

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

Date of Occurrence 05/02/01 Place: 1059 Lanier Boulevard

Department PRCA Division: Parks

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant's vehicle was damaged when the driver of same struck a tree that was protruding into the roadway causing damages in the above amount. The investigation determined that the City had notice of the hazard and failed to take action prior to the incident involving the claimant's vehicle.

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 X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

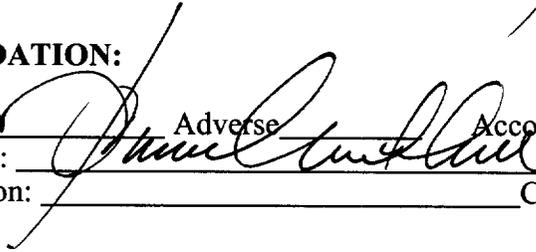
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

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

Claims Manager:  Concur/date 08-01-01

Committee Action: _____ Council Action _____

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

RECEIVED

MAY 18 2001

M. Mitchell
06/11/01
RE: CLAIM FOR DAMAGES
Today's Date: _____

ENTERED - 06-11-01 - DP
01L0356 - DIANNE MITCHELL

Dear Municipal Clerk: **MUNICIPAL CLERK**

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,000 - 1272.⁰⁰ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 05 02 01 2. Time of Incident: 7:25pm 3. Police called: Yes No
(month/day/year)

4. Location of incident (including street address): 1059 Lanier Blvd.

5. Name of your insurance company: CNA Insurance Co. Policy No. 202424309

6. State what and how incident occurred: Driving down Lanier Blvd. and a tree which was hanging too low struck the left part of my cage. The road is already tight and cars were parked all along the right side. Policeman wrote on my ticket that tree was extremely low. Neighbors around area came out after heard noise and said they have called city to cut it.

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: ISUZU - NPR 2000 Daniel Lang McLeod
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: Mike Planas 9401 Roberts Dr. Apt #6B 678-472-8620
(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.

[Signature]
Signature of Claimant

Ashley McLeod
(Print Claimant's Name)

1936 Wellons Place
(Address)

Atlanta, GA 30345
(City, State and Zip Code)

(w) 404 931 3938 404 329 1519
(Work Number) (Home Number)

404 633 9777 (o)

RCS# 3092
9/04/01
3:36 PM

Atlanta City Council

Regular Session

MULTIPLE

Public Safety Consent Agenda except #15

1242

ADOPT

YEAS: 15
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 0

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	Y Woolard	Y Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	Y Alexander
Y Winslow	Y Muller	Y Boazman	NV Pitts

MULTIPLE