

01-R-1959

Entered - 06/11/01 - sb  
CL01L0349 - DIANNE C. MITCHELL

Standing committees  
AGENDA

ADVERSED BY  
CITY COUNCIL  
DEC 0 3 2001

CLAIM OF: **MARTHA A. DASHER-LEE**  
4014 Waverly Drive  
West Palm Beach, Florida 33407-3550

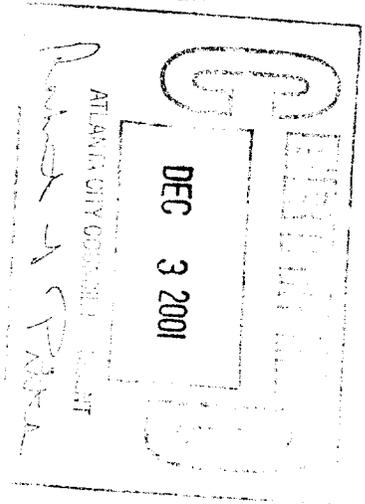
For damages alleged to have been sustained as a result of personal injuries due to fall on July 6, 2000 at 84 Walton Street.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*

**ROSALIND RUBENS NEWELL**  
**DEPUTY CITY ATTORNEY**

*Filed w/o objection  
by Full Council  
12/8/01*



**CERTIFIED**  
DEC 0 3 2001

*[Signature]*  
DEPUTY MUNICIPAL CLERK

### ADVERSE REPORT

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE: \_\_\_\_\_

CHAIR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0349

Date: November 6, 2001

Claimant /Victim MARTHA A. DASHER-LEE

BY: (Atty)(Ins. Co.)

Address: 4014 Waverly Drive, West Palm Beach, Florida 33407-3550

Subrogation: Claim for Property damage \$ Bodily Injury \$ Not Stated

Date of Notice: 01/24/01 Method: Written, proper X Improper

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

Date of Occurrence 07/06/00 Place: 84 Walton Street

Department Public Works Division: Street Operations

Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that she was injured when she fell while crossing the roadway at the above location. The investigation determined that the City had no knowledge of an hazards in the roadway prior to or after the claimant's incident. Additionally, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee X Claimant X Others X Written Oral X

Pictures X 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 X

Improper Notice More than Six Months X Other X Damages reasonable

City not involved 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 11-13-01

Committee Action Council Action

Claim Reported on 7/7/2000 - Medical  
Report to Sheriff's Office  
RE: CLAIM FOR DAMAGES

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

Today's Date: 6/6/01

ENTERED - 6-11-01 - DP  
01L0349 - DIANNE MITCHELL

Mitchell  
06/11/01  
DM

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ pending and/or pending bodily injury for which I contend the City is liable.

1. Date of incident: 7/6/2000 2. Time of Incident: 6:00 PM Police called:  Yes  No

4. Location of incident (including street address): Children's Family Services Entrance - Atlanta, Ga.

5. Name of your insurance company: Blue Cross Blue Shield Policy No. A10262904105-CR015

6. State what and how incident occurred: 7/6/00 - 174 - HCCM - I met with Sergeant J. Cummings of the Atlanta Police Department. I provided him with a statement (See attached) while returning to my vehicle. I missed a stop while crossing the road in front of the Children's Family Services Entrance. I did not expect to be stopped.

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, and attach 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: NA  
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: Reported to the same person who reported Police and made witness statement to the Children's Family Services Pubg and they stated it was a problem.  
(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 employees(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  
Gatha A. Dasher - Lee  
(Print Claimant's Name)

Gatha A. Dasher - Lee  
Signature of Claimant (Address)

3347-35  
(City, State and Zip Code)

(561) 841-105  
(Home Number)