

Entered - 02/06/04 - sb
CL - 04L0076 LISA CARTER

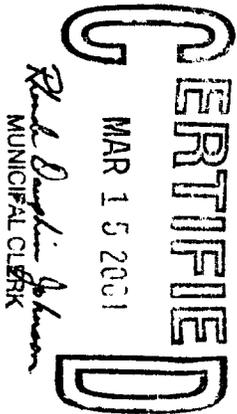
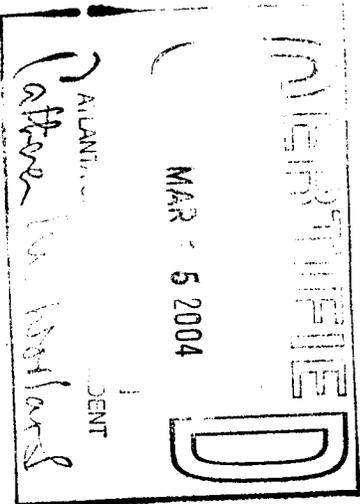
CLAIM OF: MICHAEL HARDEMAN
2987 Alston Drive
Decatur, Georgia 30032

04-*P*-0405

For damages alleged to have been sustained during a sanitation pick up on January 30, 2003 on Larchwood Road.

THIS ADVERSED REPORT IS APPROVED

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

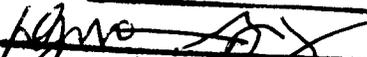


ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 3/9/04

CHAIR: _____



Carla Smith

Heidi Shook

Ray Norwood

ADVERSED

~~MAR 17 2004~~

Mar. 15, 2004 AL

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0076

Date: February 24, 2004

Claimant /Victim MICHAEL HARDEMAN

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

Address: 2987 Alston Drive Decatur, Georgia 30032

Subrogation: _____ Claim for Property damage \$ 260.00 Bodily Injury \$ _____

Date of Notice: 02/05/04 Method: Written, proper X Improper _____

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

Date of Occurrence 01/30/04 Place: Larchwood Road

Department Public Works Bureau: Solid Waste Services Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained damages during a sanitation pick up on Larchwood Road. An investigation determined the claimant lost his eyeglasses when they fell from his pocket while picking up yard trimming. However, the City of Atlanta was not negligent in causing the loss of the eyeglasses.

INVESTIGATION:

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

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 _____ Ministerial X

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 _____

Claimant Negligent X City Negligent _____ Joint _____ Claim Abandoned _____

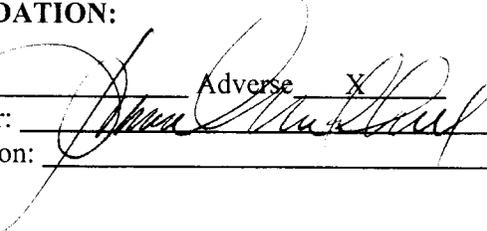
Respectfully submitted,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2P01 _____

Claims Manager:  Concur/date 02/26/04

Committee Action: _____ Council Action _____

FWM
3/22/04

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

RE: CLAIM FOR DAMAGES

Today's Date: 2/3/04

Carter
02/06/04

ENTERED - 2-6-04 - SB
04L0076 - LISA CARTER

RECEIVED FEB 5 - RECD

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 260.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 1/30/04 2. Time of incident: PM 3. Police called: _____ X
(month/day/year) Yes No

4. Location of incident (including street address): LARCHWOOD ROAD VICINITY

5. Name of your insurance company: N/A Policy No. _____

6. State what and how incident occurred: WHILE ON YARD TRIMMING COLLECTION ROUTE, MY EYEGLASSES FELL OUT OF MY POCKET. THEY WERE A BURGUNDY FRAME W/ BIFOCAL-PROGRESSIVE LENS

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: _____
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: MERNEVA DANIEL 1120 NORTH AVE, ATL 404-8733541
(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 show above.

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

Michael Hardeman
Signature of Claimant

MICHAEL HARDEMAN
(Print Claimants Name)

2987 ALSTON DR.
(Address)

DECATUR GA 30032
(City, State and Zip Code)

4048733541 404-284-1552
(Work Number) (Home Number)

(Cell) 678 508-5330

04-R-0405



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

March 26, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

Michael Hardeman
2987 Alston Drive
Decatur, GA 30032

04-R-0405

Dear Mr. Hardeman:

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 March 15, 2004. 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.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department