

Entered 10-18-02 - sb
CL 02L0740 GWENDOLYN BURNS

04-R -0411

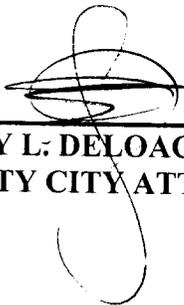
CLAIM OF: DAVID C. SAUNDERS

2151 Cumberland Parkway, Apt. 115
Atlanta, Georgia 30339

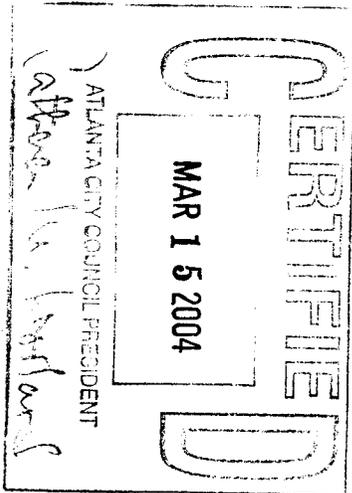
For vehicular damage allegedly sustained from driving over a metal plate that was improperly covering a construction site on September 21, 2002 at 14th Street, NE & West Peachtree Street, NE.

THIS ADVERSED REPORT IS APPROVED

BY:



JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE 3/9/04

CHAIR:

[Signature]
Carla Smith
Paul Shuck
Way Norwood

ADVERSE
~~MAR 15 2004~~
Mar 15, 2004

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 02L0740

Date: February 23, 2004

Claimant /Victim DAVID C. SAUNDERS
BY: (Atty) (Ins. Co.)
Address: 2151 Cumberland Parkway, Apt. #115, Atlanta, Georgia 30339
Subrogation: Claim for Property damage \$ 360.66 Bodily Injury \$
Date of Notice: 10/10/02 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 9/21/02 Place: 14th Street, NE & West Peachtree Street, NE
Department Division
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove over a construction plate that was improperly covering a construction site in the roadway. An investigation determined that an outside contractor was responsible for the road defect. The claimant has been so advised and her claim has been forwarded to the contractor for resolution.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures X Diagrams Reports: Police 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 X Damages reasonable
City not involved X Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

[Signature of Wendolyn Burns]
INVESTIGATOR - WENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2P01 2H01
Claims Manager: [Signature] Concur/date 02/26/04
Committee Action: Council Action

FORM 23-61

FWB
3/22/04

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

5705
BURNS
10/17/02

RE: CLAIM FOR DAMAGES

Today's Date: 10/4/02

ENTERED - 10-18-02 - SB
02L0740 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 360.⁶⁶ property and/or \$ -NA- bodily injury for which I contend the City is liable.

1. Date of incident: 09/21/02 (month/day/year) 2. Time of Incident: APPROX. 9:30 PM 3. Police called: X
Yes No

4. Location of incident (including street address): INTERSECTION OF 10TH ST + W. PEACHTREE

5. Name of your insurance company: STATE FARM Policy No. 168 1339-D28-11D

6. State what and how incident occurred: TRAVELING ON 10TH ST + ATTEMPTED TO TURN LEFT ON W. PEACHTREE WHEN MY VEHICLE HIT A HOLE IN ROAD, WHERE WORK WAS BEING DONE, CAUSING BOTH TIRES ON RT. SIDE OF VEHICLE TO BUST. IT ALSO THROUGH VEHICLE OUT OF ALIGNMENT. (SEE PICTURES)

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: HONDA ACCORD 1996 513 CRS DAVID C. SAUNDERS
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: NA
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: KELLY BARFIELD 2151 CUMBERLAND PKWY. #115 770-265-4137
(Name) (Address) (Telephone Number)
ATLANTA, GA 30339

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. Claims must be received within 6 months of the event.

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


Signature of Claimant

DAVID C. SAUNDERS
(Print Claimant's Name)
2151 CUMBERLAND PKWY. APT. #115
(Address)
ATLANTA, GA 30339
(City, State and Zip Code)
678-469-4723 770-434-8082
(Work Number) (Home Number)
(4) 572-5140(fax)

04-R-0411



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

March 25, 2004

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

David C. Saunders
2151 Cumberland Parkway,
Apartment 115
Atlanta, GA 30339

04-R-0411

Dear Ms. Saunders:

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