

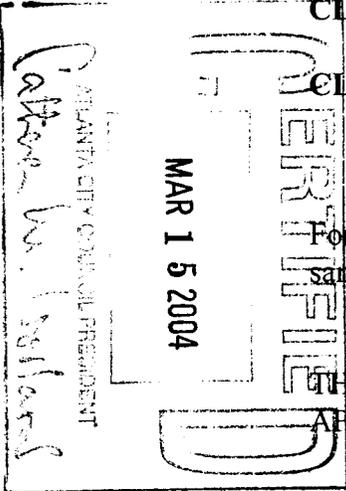
Entered - 02/02/04- sb
CL - 04L0054 LISA CARTER

CLAIM OF: JESSE C. STEWART
638 Somerset Drive
Stockbridge, Georgia 30281

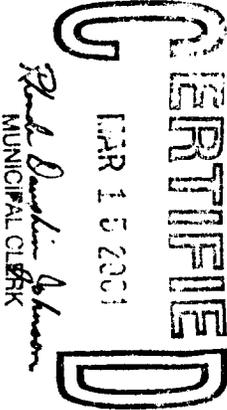
04- R -0412

For damages alleged to have been sustained during a
sanitation pick up on April 27, 2003 at 1544 Boulevard.

THIS ADVERSED REPORT IS
APPROVED



BY: _____
JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

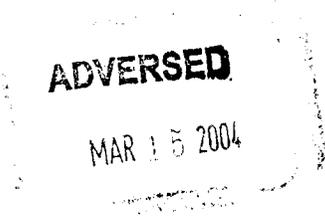
DATE: 3/9/04

CHAIR: _____

Carla Smith

Harold Shook

Henry Wood



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0054

Date: February 24, 2004

Claimant /Victim JESSE STEWART
BY: (Atty) (Ins. Co.) _____
Address: 638 Somerset Drive Stockbridge, Georgia 30281
Subrogation: _____ Claim for Property damage \$ 278.67 Bodily Injury \$ _____
Date of Notice: 01/22/04 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____
Date of Occurrence 04/27/03 Place: 1544 Boulevard
Department Public Works Bureau: Solid Waste Service Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained damages during a sanitation pick up of debris at 1544 Boulevard. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. § 36-33-5, in that the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee X 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 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,

Lisa Carter
INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager: [Signature] Concur/date 12/26/04
Committee Action: _____ Council Action _____

[Handwritten initials]
02/24/04

4-330-6484

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

RE: CLAIM FOR DAMAGES

Carter
01/28/04

JAN 22 2004

Today's Date: _____

ENTERED - 2-2-04 - SB
04L0054 - LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2,781.67 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 4 27 03 2. Time of Incident: 9:15 AM 3. Police called: Yes No
(month/day/year)

4. Location of incident (including street address): 1544 B

5. Name of your insurance company: STATE FARM Policy No. _____

6. State what and how incident occurred: CITY WORKER'S WERE LOADING DEBRIS ONTO TRUCK AND SOME OF THE TRASH CAME OFF AND HIT MY WINDSHIELD

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: MERCURY 1985 JESSE C STEWART
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: _____ (Name) _____ (Address) _____ (Telephone Number)

10. The acknowledgement 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.

Jesse C. Stewart
Signature of Claimant

JESSE C. STEWART
(Print Claimant's Name)

638 SOMERSET DR.
(Address)

STOCK BRIDGE GA, 30281
(City, State and Zip Code)

678 289-0198
(Work Number) (Home Number)
678 289-0198

04-R-0412

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

RE: CLAIM FOR DAMAGES

Today's Date: _____

Dear Clerk of Council:

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

1. Date of incident: _____
(month/day/ year)

2. Police called: _____
Yes No

3. Location of incident: _____

4. Name of your insurance company: _____ Policy No. _____

5. State what and how incident occurred: _____

6. **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!**

7. 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)

8. Witness: _____
(name) (address) (telephone number)

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 employee(s).

10. This claim should be mailed immediately to the address shown above.

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

(claimant's name)

(address)

(city and state)

(work number) (home number)



OFFICE OF MUNICIPAL CLERK

March 26, 2004

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

Jesse C. Stewart
638 Somerest Drive
Sstockbridge, GA 30281

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

04-R-0412

Dear Mr. Stewart:

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**