

Entered - 04/29/04 - sb
CL - 04L0294 LISA CARTER

04-*R*-1532

CLAIM OF: DONNA SAMOLYK
893 Los Angeles Avenue, NE
Atlanta, Georgia 30306

For damages alleged to have been sustained as a result of
water discoloration on March 6, 2004 at 893 Los Angeles
Avenue.

THIS ADVERSED REPORT IS
APPROVED

BY: _____

JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSED BY
CITY COUNCIL

SEP 07 2004

ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 5/31/04

CHAIR: A. G. [Signature]

James M. Shepherd

Clare Worwood

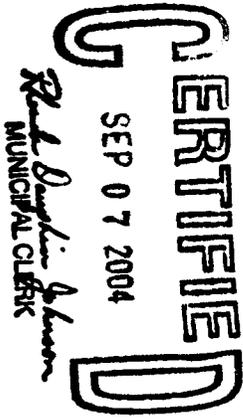
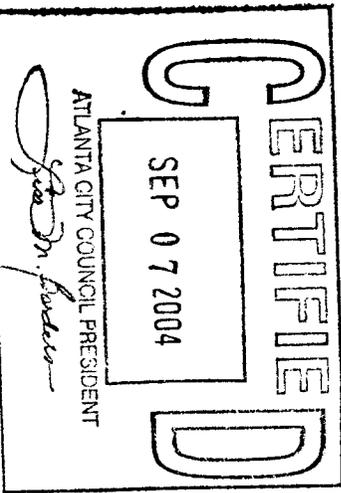
C. F. [Signature]

[Signature]

Carla [Signature]

[Signature]

[Signature]



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0294

Date: August 17, 2004

Claimant /Victim DONNA SAMOLYK
BY: (Atty) (Ins. Co.)
Address: 893 Los Angeles Avenue Atlanta, Georgia 30306
Subrogation: Claim for Property damage \$ 150.00 Bodily Injury \$
Date of Notice: 04/28/04 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 03/06/04 Place: 893 Los Angeles Avenue
Department Watershed Management Bureau: Water Division:
Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that she sustained damages as a result of water discoloration at 893 Los Angeles Avenue. However, the city was not on notice of any problems with the water main prior to the incident involving the claimant.

INVESTIGATION:

Statements: City employee X Claimant Others Written Oral X
Pictures 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 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 City Negligent Joint Claim Abandoned

Respectfully submitted,

[Signature]
INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager: [Signature] Concur/date 08/19/04
Committee Action: Council Action

CARTER
04/28/04

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 4/28/04

ENTERED - 4-29-04 - SB
04L0294 - LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 150.00 and/or \$ _____ bodily injury for which I contend the City is liable. _____ property

1. Date of incident: 3/6/04 (month/day/year) 2. Time of Incident: Afternoon 3. Police called: _____ Yes X No

4. Location of incident (including street address): 893 Los Angeles Ave. Atlanta, Ga 30306

5. Name of your insurance company: n/a Policy No. _____

6. State what and how incident occurred: See attached Incident Report

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: n/a
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: _____
(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. Claims must be received within 6 months of the event.

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

Donna Samolyk
Signature of Claimant

Donna Samolyk
(Print Claimant's Name)
893 Los Angeles Ave. NE
(Address)
Atlanta, Ga 30306
(City, State and Zip Code)
404-292-2645 404-815-1517
(Work Number) (Home Number)

1.

SAFETY/SECURITY INCIDENT REPORT

TYPE OF INCIDENT Personal Property Damage	INCIDENT LOCATION 893 Los Angeles Ave Atlanta, Ga 30306	REPORT DATE	COMPLAINT NUMBER (SECURITY/SAFETY WILL ISSUE)
--------------------------------------------------------	----------------------------------------------------------------------	--------------------	---------------------------------------------------------

Owner/Victim Donna/Robert Samolyk Department _____ Phone 404-815-1517

Reported By _____ Department _____ Phone _____

Date of Incident 3/06/04 Time of Incident Afternoon Day of Week Saturday

REPORT AS MUCH DETAIL POSSIBLE: (WHO WHAT WHEN WHERE HOW WHY)

DESCRIPTION OF INCIDENT:

Who: myself and my husband.

What: A full load of laundry was severely damaged as a result of brown water quality in the home. Load consisted of:

- 3 large white all cotton towels
- 8 large white all cotton undershirts

When: Saturday afternoon at approximately 4:00pm

Where: At our home located at: 893 Los Angeles Ave
Atlanta, Ga 30306

How: Would like an explanation as well. I have not received a definite answer when I asked the question to report the occurrence.

Why: Because the water was medium to dark brown which I realized after/as the laundry was done. Entire house effected Saturday (March 6) and Sunday (March 7) returning

Police advised Yes ___ No (If yes, include action taken by Officer above and the information below)

Police Dept.	Officer's Name	Case Number

ALARM REPORTING:

DATE OF ALARM _____ TIME _____ DAY OF WEEK _____ FALSE ALARM Yes ___ No

SIGNATURE: Donna Samolyk

SAFETY/SECURITY INCIDENT REPORT

TYPE OF INCIDENT Personal Property Damage	INCIDENT LOCATION 893 Los Angeles Atlanta, Ga 30306	REPORT DATE	COMPLAINT NUMBER (SECURITY/SAFETY WILL ISSUE)
--------------------------------------------------------	------------------------------------------------------------------	--------------------	---------------------------------------------------------

Owner/Victim Donna (Robert Samolyk) Department _____ Phone 404-815-1517

Reported By _____ Department _____ Phone _____

Date of Incident 3/06/04 Time of Incident Afternoon Day of Week Saturday

REPORT AS MUCH DETAIL POSSIBLE: (WHO WHAT WHEN WHERE HOW WHY)

DESCRIPTION OF INCIDENT:

Why: (cont) on Tuesday (March 9) in the morning only. Water in the kitchen, bathrooms, and exterior faucets were pouring out brown water.

Note: This occurrence also prevented us from being able to shower or bathe, wash dishes, cook, or do additional laundry.

Action: 1) Would like an explanation of why
2) Would like financial reimbursement for replacing personal property plus some for inconvenience
* We pay much tax to live in Fulton County and should not have poor services.

Police advised Yes No (If yes, include action taken by Officer above and the information below)

Police Dept.	Officer's Name	Case Number
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ALARM REPORTING:
DATE OF ALARM _____ TIME _____ DAY OF WEEK _____ FALSE ALARM Yes No

SIGNATURE: Donna Samolyk



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

September 14, 2004

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

Donna Samolyk
893 Los Angeles Ave., NE
Atlanta, GA 30306

04-R-1532

Dear Ms. Samolyk:

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 September 07, 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