

Entered - 02/02/04 - sb
CL - 04L0062 LISA CARTER

CLAIM OF: ROBERT J. TROTTER
2255 Adams Drive, NW
Atlanta, Georgia 30318

04-R-1534

For damages alleged to have been sustained as a result of a sewer
back up on December 28, 2003 at 2255 Adams Drive, NW.

THIS ADVERSED REPORT IS APPROVED

BY: _____
JERRY L. DELOACH
DEPUTY CITY ATTORNEY



CERTIFIED
SEP 07 2004
ATLANTA CITY COUNCIL PRESIDENT
Joe M. Foster

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 8/31/04

CHAIR: H. Byrd

James M. Shepherd

Walter Wood

C.T. Marks

Herby Smith

Carla Smith

ADVERSED BY
CITY COUNCIL

SEP 07 2004

CERTIFIED
SEP 07 2004
Municipal Clerk
Renee D. Douglas

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0062

Date: August 17, 2004

Claimant /Victim ROBERT J. TROTTER

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

Address: 2255 Adams Drive, NW Atlanta, Georgia 30318

Subrogation: _____ Claim for Property damage \$ 600.00 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.) X

Date of Occurrence 12/28/03 Place: 2255 Adams Drive

Department Watershed Management Bureau: _____ Division: Sewer Operation

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained damages as a result of a sewer back up at 2255 Adams Drive, NW. However, the City of Atlanta was not on notice of the existence of a problem at this location prior to the incident involving the claimant.

INVESTIGATION:

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

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 X Ministerial _____

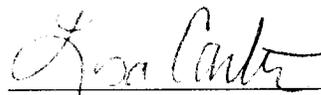
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

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,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager: [Signature] Concur/date 08/19/04

Committee Action: _____ Council Action _____

Post Mark Date _____
By _____

CARTER
01/28/04

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

RECEIVED

RE: CLAIM FOR DAMAGES

JAN 22 2004

Today's Date: JAN 8, 2004

Dear Municipal Clerk:

MUNICIPAL CLERK

ENTERED - 2-2-04 - SB
04L0062 - LISA CARTER

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 600.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: DEC 28, 2003 2. Time of Incident: 3:00pm 3. Police called: _____
(month/day/year) Yes No

4. Location of incident (including street address): 2255 ADAMS DR NW ATLANTA GA 30318

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

6. State what and how incident occurred: WATER BACKED UP IN BATHROOMS - SHOWER OVERFLOWED ON FLOOR. PLUMBER CAME ON MONDAY - DEC 29th A.M. WORKED PARTS OF 3 DAYS. BACKLOG WAS FOUND AT END OF OUR SEWER LINE AT THE STREET. A HOLE WAS FOUND IN THE MAIN SEWER LINE. A MAN CAME TWICE FROM CITY - TOOK PICTURES & PROMISED TO GET IT REPAIRED.

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: _____
(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.

Robert J. Trotter
Signature of Claimant

ROBERT J. TROTTER
(Print Claimant's Name)

2255 ADAMS DR NW
(Address)

ATLANTA GA 30318
(City, State and Zip Code)

(404) 355-2264
(Work Number) (Home Number)



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

Robert J. Trotter
2255 Adams Drive, NW
Atlanta, GA 30318

04-R-1534

Dear Mr. Trotter:

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