

Entered - 07/13/04 - sb
CL - 04L0443 LISA CARTER

CLAIM OF: DEMARIO JAMES HUNNICUTT
21254 Windell Drive
Decatur, Georgia 30032

04-R -1535

For damages alleged to have been sustained as a result of rocks falling from a city vehicle on May 27, 2004 on Lindbergh Drive.

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: 8/31/04

CHAIR: A. R. Kelly

Joyce M. Shepard

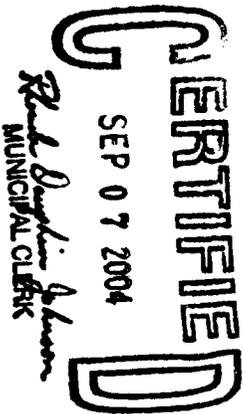
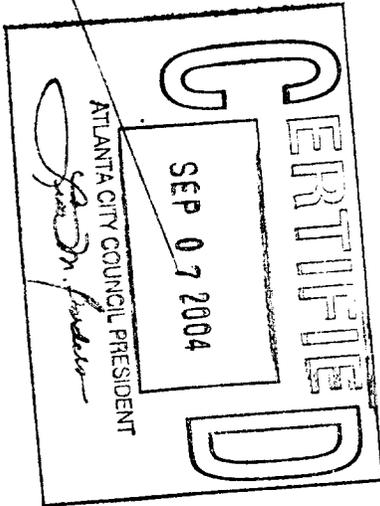
Wayne Woodward

C. T. Wood

H. L. Smith

Carla Smith

[Signature]



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0443

Date: August 17, 2004

Claimant /Victim DEMARIO JAMES HUNNICUTT
BY: (Atty) (Ins. Co.) _____
Address: 2125 Windell Drive Decatur, Georgia 30032
Subrogation: _____ Claim for Property damage \$ 646.68 Bodily Injury \$ _____
Date of Notice: 07/09/04 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 05/27/04 Place: Lindbergh Drive
Department _____ Bureau: _____ Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained damages as a result of rocks falling from a city vehicle on Lindbergh Drive. However, an investigation determined that there is no evidence to prove allegations made by the claimant.

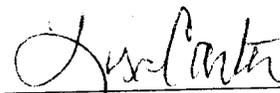
INVESTIGATION:

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 _____
Improper Notice _____ More than Six Months _____ Other _____ 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 _____

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: July 1, 2004

ENTERED - 7-13-04 - SB
04L0443 - LISA CARTER

Carter
07/12/04
[Signature]

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 646.68 property and/or \$ 0.00 bodily injury for which I contend the City is liable.

1. Date of incident: May 27, 2004 (month/day/year) 2. Time of Incident: 2:10 pm 3. Police called: Yes No

4. Location of incident (including street address): Westbound on Lindbergh Drive

5. Name of your insurance company: Acceptance Insurance Policy No. VAGA 000073809

6. State what and how incident occurred: Traveling westbound behind a city truck, which was identified by myself as well as officer on duty directing traffic for construction on Lindbergh Drive. Several rocks pelted my vehicle, cracking my wind shield and damaging my lamp side marker.

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: Lincoln LS 2000 Demario James Hunnicutt
(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.

[Signature]
Signature of Claimant

Demario James Hunnicutt
(Print Claimant's Name)
2125 Windell Drive
(Address)
Decatur, Ga. 30032
(City, State and Zip Code)
(678) 512-2263 (404) 841-8831
(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

Demario James Hunnicutt
21254 Windell Drive
Decatur, Georgia 30032

04-R-1535

Dear Mr. Hunnicutt:

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