

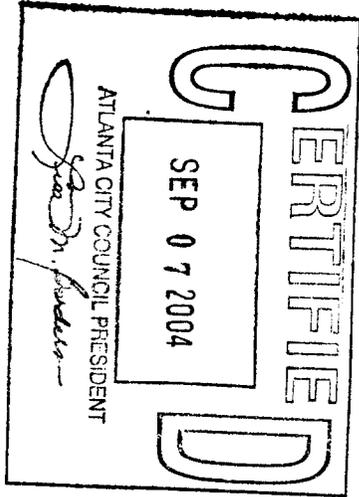
Entered 12-22-03 - sb
CL 03L0969 GWENDOLYN BURNS

CLAIM OF: TOMMIE THORNTON
ANNA THORNTON
P.O. Box 170035
Atlanta, Georgia 30317

04-R -1540

For property damage allegedly sustained from a sewer back up on May 16 through May 18, 2002 at 51 Warren Street, NE.

THIS ADVERSED REPORT IS APPROVED



BY: _____
JERRY LADELOACH
DEPUTY CITY ATTORNEY

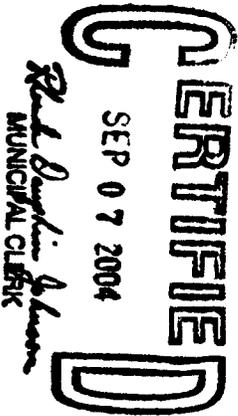
ADVERSED BY
CITY COUNCIL

SEP 07 2004

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 8/31/04
CHAIR: H. R. Self
James M. Shepherd
Wayne Dorwood
C. F. Adams
John Smith
Carla Smith



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0969

Date: August 17, 2004

Claimant /Victim TOMMIE AND ANNA THORNTON

BY: (Atty) (Ins. Co.)

Address: P.O. Box 170035, Atlanta, Georgia 30317

Subrogation: Claim for Property damage \$ unspecified Bodily Injury \$

Date of Notice: 12/9/03 Method: Written, Proper Improper X

Conforms to Notice: O.C.G.A. §36-33-5 Ante Litem (6 Mo.)

Date of Occurrence 5/16/03 - 5/18/03 Place: 51 Warren Street, NE

Department WATERSHED MANAGEMENT Bureau: Wastewater Treatment and Collections

Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimants allege that they sustained damages to their home from a sewer back up. However, the claim fails to meet the requirements of notice as the statute of limitations expired prior to receipt of the claim

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

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 X Ministerial

Improper Notice X More than Six Months X 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 X

Respectfully submitted,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2P01 2H01

Claims Manager Concur/date 08/19/04

Committee Action Council Action

RECEIVED DEC 9 2003

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: BURNS
12/22/03
WB

ENTERED - 12-22-03 - SB
03L0969 - GWEN BURNS

Dear Municipal Clerk:

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: MAY 16, 18, 2003 2. Time of Incident: ALLDAY 3. Police called: _____ Yes No
(month/day/year).

4. Location of incident (including street address): 51 WARREN STREET NE,

5. Name of your insurance company: ALLSTATE INS COMPANY Policy No. 000000910110922

6. State what and how incident occurred: SEWER LINE BACKED-UP FROM DOWN POUR
OF RAIN DAILY.

phone# @ 378-7744

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 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.

Signature of Claimant

TOMMIE AND ANNA THORNTON
(Print Claimant's Name)

P O. BOX 1700 35
(Address)

ATLANTA, GA 30317
(City, State and Zip Code)

4) 378-7744
(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

Tommie Thornton and
Anna Thornton
P.O. Box 170035
Atlanta, GA 30317

04-R-1540

Dear Mr. & Mrs. Thornton:

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