

Entered - 04/28/04 - sb
CL04L0274 - DIANNE C. MITCHELL

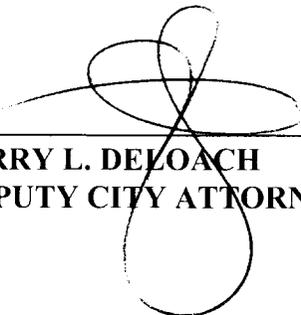
CLAIM OF: **GLENN HARPER**
562 Peyton Road, SW
Atlanta, Georgia 30311

04-R -1547

For damages alleged to have been sustained as a result of a sewer
back up on April 13, 2004 at 562 Peyton Road, SW.

THIS ADVERSED REPORT IS APPROVED

BY:


JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSED
CITY COUNCIL

SEP 07 2004

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 8/31/04

CHAIR: H. J. Hill

Joyce M. Shebeck

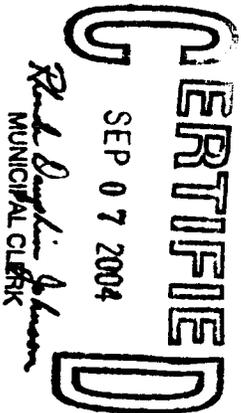
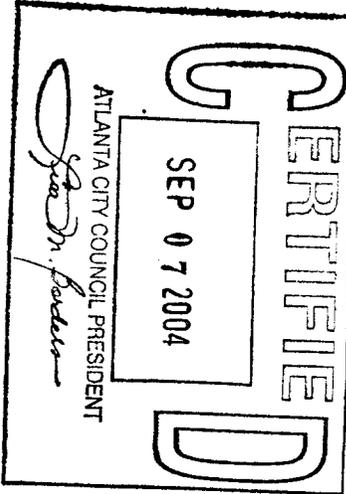
Mayor Donwood

C. T. Ward

Harvey

Carla Smith

...



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0274

Date: August 10, 2004

Claimant /Victim GLENN HARPER

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

Address: 562 Peyton Road, SW, Atlanta, Georgia 30311

Subrogation: _____ Claim for Property damage \$ 12,480.00 Bodily Injury \$ _____

Date of Notice: 04/15/04 Method: Written, proper X Improper _____

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

Date of Occurrence 04/13/04 Place: 562 Peyton Road, SW

Department Watershed Management Bureau: Waste Water

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his property was damage due to a sewer back up. The investigation determined that the City had no notice of any problems with the sewer prior to the claimant's incident. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

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 _____

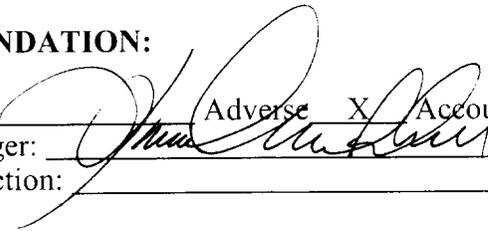
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

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

Claims Manager:  Concur/date 08/18/04

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

Mitchell
04/28/04
R

RECEIVED

APR 15 2004

Today's Date: 4/15/04

ENTERED - 4-28-04 - SB
04L0274 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 12,480.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 4/13/04 (month/day/year). 2. Time of Incident: BETWEEN 10:00 P.M. 04/13/04 9:00 P.M. 3. Police called: Yes No

4. Location of incident (including street address): 562 PEYTON RD S.W. ATLANTA, GA 30311

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

6. State what and how incident occurred: ON THE MORNING OF APRIL 13, 2004, WE WERE AWAKENED TO A FLOODED BASEMENT. AFTER CALLING A PLUMBER, IT WAS ASCERTAINED THAT CITY BLOCKAGE CAUSED A BACK-UP INTO OUR BASEMENT. CITY OFFICIALS CAME OUT AND DETERMINED THAT LN WAS BECAUSE OF BLOCKAGE, THEY WERE RESPONSIBLE. THEY SENT A CLEANING CREW TO DO CLEAN-UP

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

GLENN HARPER
(Print Claimant's Name)
562 PEYTON RD S.W.
(Address)
ATLANTA, GA 30311
(City, State and Zip Code)
(678)-458-4200 (404)-593-7892
(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

Glenn Harper
562 Peyton Rd., SW
Atlanta, GA 30311

04-R-1547

Dear Mr. Harper:

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 December 01, 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**



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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