

Entered - 02/18/03 - sb  
CL03L0126 - DIANNE C. MITCHELL

CLAIM OF: **CALISTA E. BYNUM**  
3583 Lynview Court East  
Decatur, Georgia 30034

**04-R -1548**

For damages alleged to have been sustained as a result of vehicular damage due to a fire hose falling from a City vehicle on October 7, 2002 at Interstate 20 eastbound ramp at Capitol 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: 8/31/04

CHAIR: [Signature]

Joyce M. Sheperd

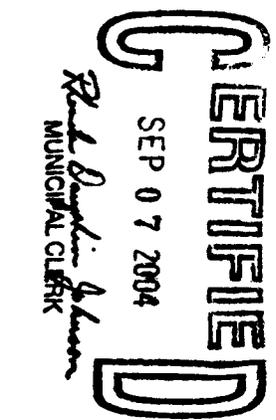
Wayne Norwood

C. T. Parker

Harold Sims

Carla Smith

[Signature]



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0126

Date: August 10, 2004

Claimant /Victim CALISTA E. BYNUM

BY: (Atty)(Ins. Co.)

Address: 3583 Lynview Court East, Decatur, Georgia 30034

Subrogation: Claim for Property damage \$ 144.00 Bodily Injury \$

Date of Notice: 02/07/03 Method: Written, proper X Improper

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

Date of Occurrence 10/07/02 Place: Interstate 20 eastbound ramp at Capitol Avenue

Department Fire Division:

Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant damaged her vehicle when she drove over a fire hose that had fallen from a fire vehicle causing damages in the above amount. However, the claimant has abandoned her claim.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police X 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 Damages reasonable

City not involved Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent X Joint Claim Abandoned X

Respectfully submitted,

[Signature]
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

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

Claims Manager: [Signature] Concur/date 08/11/04

Committee Action: Council Action

M. Mitchell  
02/17/03  
[Signature]

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
CITY HALL  
68 Mitchell Street, S.W.  
Atlanta, Georgia 30303

RE: CLAIMS OR DAMAGES

RECEIVED

FEB 07 2003

TODAY'S DATE: 11-15-02

ENTERED - 2-18-03 - SB  
03L0126 - DIANNE MITCHELL

MUNICIPAL CLERK

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 144.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

- 1. Date of Accident: 10 07 02  
(month) (day) (year)
- 2. Police called:  (yes)  (no)
- 3. Location of accident: I-20 East ramp at Capitol Ave
- 4. Name of your insurance company: State Farm Policy # \_\_\_\_\_
- 5. State how the accident occurred: The water hose was laying on the ramp in the middle of the street, the fire truck was nowhere in sight. I ran over it causing my tire to go flat and knocking my car out of line.  
(use other side if necessary)
- 6. If a vehicular accident, complete the following and attach two (2) estimates of repair. **ALL ESTIMATES AND VEHICLE DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!** The registered owner must make the claim for vehicle damages.
- 7. Your vehicle: 96 Acura 2.5 123SCE Calista Bynum  
(make) (year) (tag #) (driver's name)
- 8. City vehicle: \_\_\_\_\_  
(make) (driver's name) (department)
- 9. Witness: \_\_\_\_\_  
(name) (phone) (address)

10. The acknowledgment of this claim in no way waives the Governmental 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).

**I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.**

11. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE.

Calista E. Bynum  
(claimant)  
3583 Lynview Ct East  
(address)  
Decatur Ga 30034  
(city) (state) (Zip)  
404)286-0330 404)865-8010  
(home) (phone) (work)



## 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

Calista E. Bynum  
3583 Lynview Court East  
Decatur, Georgia 30034

04-R-1548

Dear Ms. Bynum:

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