

Entered 11-12-03 - sb
CL 03L0883 GWENDOLYN BURNS

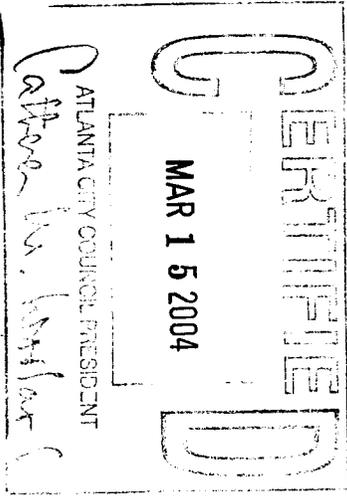
04- R-0410

CLAIM OF: JOY GOLSTON-SMITH

3106 Rainbow Forest Circle, Apt. A
Decatur, Georgia 30034

For bodily injuries allegedly sustained from stepping into a water meter that was left open and in an unsafe manner on May 8, 2003 at 765 Bellemeade Avenue, NW.

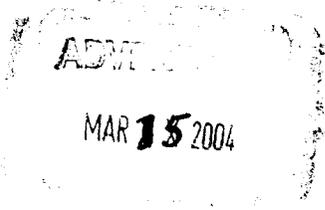
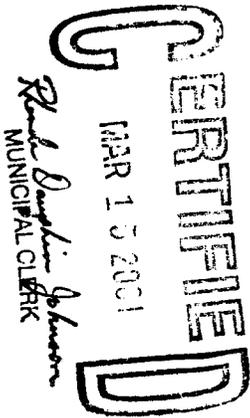
THIS ADVERSED REPORT IS APPROVED



BY: _____

JERRY L. DELOACH
DEPUTY CITY ATTORNEY

A handwritten signature in black ink, appearing to be "Jerry L. DeLoach", written over a horizontal line.



ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 3/9/04

CHAIR: _____

Carla Smith
Yvonne Shand
Debra Norwood

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

RE: CLAIM FOR DAMAGES

Today's Date: October 10, 2003

ENTERED - 11-12-03 - SB
03L0883 - GWEN BURNS

BURNS
11/02/03
[Signature]

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 15,000 bodily injury for which I contend the City is liable.

1. Date of incident: 05/10/03 (month/day/year) 2. Time of Incident: 9:00pm approx. 3. Police called: Yes No

4. Location of incident (including street address): 765 Bellemeade Avenue

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: While walking through neighborhood I fell into a hole in the sidewalk. One foot/leg stepped into the hole causing me to land on my right side. I scraped up and bruised my left leg and injured my back from impact of the fall

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 vehicle registration).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Anita Head 4882 McPherson Rd Roswell, GA 30075 (404) 454-5330
(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.

Joy Galston Smith
Signature of Claimant

Joy Galston Smith
(Print Claimant's Name)

3106 Rainbow Forest Circle Apt A
(Address)

Decatur, Georgia 30034
(City, State and Zip Code)

(404) 454-1088 (404) 212-3826
(Work Number) (Home Number)

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0883

Date: February 24, 2004

Claimant /Victim JOY GOLSTON-SMITH
BY: (Atty) (Ins. Co.)
Address: 3106 Rainbow Forest Circle, Apt. A, Atlanta, Georgia 30034
Subrogation: Claim for Property damage \$ Bodily Injury \$ 15,000.00
Date of Notice: 11/7/03 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 5/8/03 Place: 765 Bellemeade Avenue, NW
Department WATERSHED MANAGEMENT Bureau: Water
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that she stepped into a water meter that was left open and in an unsafe condition. However, an investigation determined that the City had no notice of problems or complaints concerning the meter cover prior to the date of claimant's incident.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures X Diagrams Reports: Police Dept Report X Other X
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental Ministerial X
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,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2P01 2H01
Claims Manager: Concur/date 02/26/04
Committee Action: Council Action

FORM 23-61

From 3/22/04



OFFICE OF MUNICIPAL CLERK

March 26, 2004

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

Joy Golston-Smith
3106 Rainbow Forest Cir.
Apartment A
Decatur, GA 30034

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

04-R-0410

Dear Ms. Smith:

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 March 15, 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