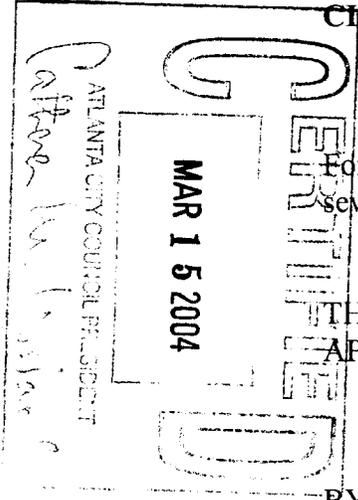


Entered - 02/02/04- sb
CL - 04L0064 LISA CARTER

CLAIM OF: LUCY S. STEPHENS
1933 Austin Road, SW
Atlanta, Georgia 30331

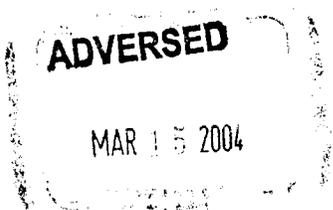
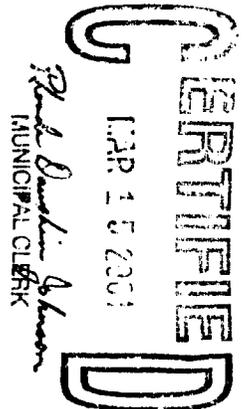
04- *R* -0413



For damages alleged to have been sustained as a result of a sewer back up on August 29, 2003 at 1933 Austin Road.

THIS ADVERSED REPORT IS APPROVED

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 3/9/04

CHAIR: _____

[Signature]
Carla Smith
[Signature]
[Signature]

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0064

Date: February 24, 2004

Claimant /Victim LUCY S. STEPHENS

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

Address: 1933 Austin Road, SW Atlanta, Georgia 30331

Subrogation: _____ Claim for Property damage \$ 10,000.00 Bodily Injury \$ 5,000.00

Date of Notice: 01/23/04 Method: Written, proper X Improper _____

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

Date of Occurrence 08/29/03 Place: 1933 Austin Road, SW

Department Watershed Management Bureau: _____ Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained damages as a result a sewer back up at 1933 Austin Road, SW. However, an investigation determined that the city's mainline was open and the sewer back up was a result of a private spill from the claimant's service lateral. The homeowner was advised to contact a plumber.

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 _____

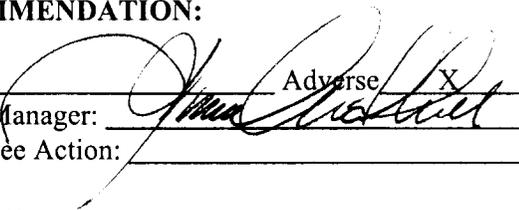
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - LISA CARTER

RECOMMENDATION:

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

Claims Manager:  Concur/date 02/26/04

Committee Action: _____ Council Action _____

From
3/22/04

Post Mark Date _____
By _____

RECEIVED

JAN 23 2004

Carter
01/28/04

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, SW
Atlanta, Georgia 30303

RE: CLAIM FOR DAMAGES

Today's Date: 1-14-04

MUNICIPAL CLERK

ENTERED - 2-2-04 - SB
04L0064 - LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 10,000.00 property and/or \$ 5,000.00 bodily injury for which I contend the City is liable. mental anguish

- Date of incident: 8-29-03 2. Time of incident: Unknown 3. Police called: NA
- Location of incident (including street address): 1933 Austin Rd. S.W.
- Name of your insurance company: Safeco Policy No. F1489349
- State what and how incident occurred: raw sewage spilled over into basement through commode + tub on to floor (bathroom hall, recreation room, all city then Rotor Rooter. Informed this was problem of city. made repeated call downtown. Finally corrected early November.
- 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.

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

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

9. Witness: _____

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 employec(s).

11. Claims must be received within 6 months from the date of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Lucy S. Stephens
 Signature of Claimant

Lucy S. Stephens
 (Print Claimant's Name)

1933 Austin Rd. S.W.
 (Address)

Atlanta, Ga. 30331
 (City, State and Zip Code)

4) 351 0895 4) 344 3566
 (Work Number) (Home Number)

04-R-0413



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

March 26, 2004

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

Lucy S. Stephens
1933 Austin Road, SW
Atlanta, GA 30331

04-R-0413

Dear Ms. Stephens:

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