



## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

April 22, 2004

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

Mrs. Tommie M. Puckett  
2965 Pharr Court South, NW  
Apartment 6  
Atlanta, GA 30305

04-R-0547

Dear Mrs. Puckett:

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 April 19, 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



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 02L0805

Date: March 4, 2004

Claimant /Victim MRS. TOMMIE M. PUCKETT

BY: (Atty) \_\_\_\_\_

Address: 2965 Pharr Court South, NW, #6, Atlanta, Georgia 30305

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 5,654.74 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 11/05/02 Method: Written, proper X Improper \_\_\_\_\_

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

Date of Occurrence 09/21/02 Place: 60 Terrace Drive, NE

Department Watershed Mgt. Division: Sewer Operations

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges that her property was damaged due to a flood on the above date and location. The investigation determined that the flooding was due to a heavy amount of rainfall. 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: [Signature] Concur/date 03/17/04

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

RECEIVED NOV 5 - 2002

*NEWK*  
*Mitchell*  
*11/25/02*  
*DM*

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

RE: CLAIM FOR DAMAGES

Today's Date: November 15, 2002

ENTERED - 11-15-02 - SB  
02L0806 - DIANNE MITCHELL

Dear Municipal Clerk:

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

1. Date of incident: 11/15/02 2. Time of Incident: 11:00 AM 3. Police called: Yes No  
(month/day/ year)

4. Location of incident (including street address): 1015 Peach Street South, Atlanta, GA 30316

5. Name of your insurance company: State Farm Policy No. 01-21-0000-0

6. State what and how incident occurred: While driving on Peach Street South, I was rear-ended by a white sedan. The driver of the white sedan was not wearing a seat belt and was driving at an excessive speed. The impact caused my car to rear-end the car in front of me, causing damage to the rear of my car.

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: \_\_\_\_\_  
(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.

*[Signature]*  
Signature of Claimant

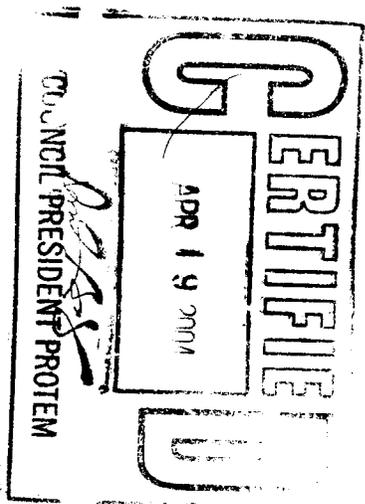
Dianne Mitchell (M.O.)  
(Print Claimant's Name)

1015 Peach Street South, Atlanta, GA 30316  
(Address)

Atlanta, Georgia 30316  
(City, State and Zip Code)

(404) 237-0000  
(Work Number) (Home Number)

04-R-0547

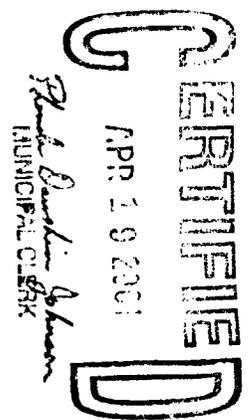


Entered - 11/15/02 - sb  
CL02L0806 - DIANNE C. MITCHELL

CLAIM OF: **MRS. TOMMIE M. PUCKETT**  
2965 Pharr Court South, NW  
#6  
Atlanta, Georgia 30305

04-*R*-0547

For damages alleged to have been sustained as a result of property damage due to flooding on September 21, 2002 at 60 Terrace Drive, NE.



THIS ADVERSED REPORT IS APPROVED

BY:   
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

APR 9 2004  
ADVERSED

### ADVERSE REPORT

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE: 3/30/04

CHAIR: H. S. Wills

Alan Sims  
Cheryl Smith  
Clara Henderson

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_