



OFFICE OF MUNICIPAL CLERK

April 22, 2004

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

David Hopson
1014 Ashby Grove, SW
Atlanta, GA 30314

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

04-R-0564

Dear Mr. Hopson:

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

RCS# 5585
4/19/04
3:03 PM

Atlanta City Council

Regular Session

CONSENT I

CONSENT I PG(S) 1-18, EXCEPT:04-R-0538
04-O-0487 04-R-0473
ADOPT

YEAS: 14
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 2
EXCUSED: 0
ABSENT 0

Y Smith	Y Archibong	Y Moore	Y Mitchell
Y Starnes	NV Fauver	Y Martin	Y Norwood
Y Young	Y Shook	Y Maddox	Y Willis
Y Winslow	Y Muller	Y Boazman	NV Woolard

CONSENT I

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0601

Date: March 8, 2004

Claimant /Victim DAVID HOPSON

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

Address: 1014 Ashby Grove, SW, Atlanta, Georgia 30314

Subrogation: _____ Claim for Property damage \$ Not Stated Bodily Injury \$ _____

Date of Notice: 07/16/03 Method: Written, proper X Improper _____

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

Date of Occurrence 07/01/03 Place: 1014 Ashby Grove, SW

Department Watershed Management Bureau: Waste Water

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that his property was damaged due to a sewer back up. The investigation determined that the City had no notice of any problems with the sewer line prior to the incident involving the claimant. 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 X 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 _____

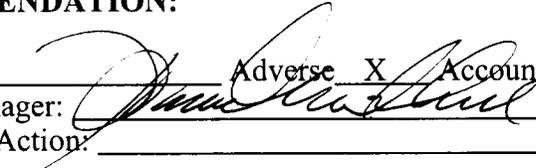
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

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

Claims Manager:  Concur/date 03/17/04

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

RECEIVED

JUL 16 2003

MUNICIPAL CLERK

Today's Date: 07/01/03
Tuesday

ENTERED - 7/25/03 - DP
03L0601 - DIANNE MITCHELL

*Sue
Moklin
07/24/03*

Dear Municipal Clerk:

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

1. Date of incident: 07/01/03 2. Time of Incident: 12 Noon 3. Police called: _____ Yes No
(month/day/year).

4. Location of incident (including street address): 1014 Ashby Grove SW Atl., GA 30314

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

6. State what and how incident occurred: Sewer water poured into the house (Down Stair) via Bath tub and drainage holes. Water damaged walls, floors, cabinets, furniture & equipment, clothing and other personal assets

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: N/A (no damage to 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

David Hopson
(Print Claimant's Name)

1014 Ashby Grove SW
(Address)

Atlanta GA 30314
(City, State and Zip Code)

04-R-0564

(Work Number)

(Home Number)

COUNCIL PRESIDENT PROTEM

CERTIFIED
APR 19 2004

Entered - 07/25/03 - sb
CL03L0601 - DIANNE C. MITCHELL

CLAIM OF: **DAVID HOPSON**
1014 Ashby Grove, SW
Atlanta, Georgia 30314

04-*R*-0564

For damages alleged to have been sustained as a result of a sewer back up on July 1, 2003 at 1014 Ashby Grove, SW.

THIS ADVERSED REPORT IS APPROVED

CERTIFIED
APR 19 2004
MUNICIPAL CLERK

BY: _____

[Signature]
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 3/30/04

CHAIR: [Signature]

[Signature]
[Signature]
[Signature]

[Signature]

ADVERSED

APR 19 2004