

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

Carolyn Long Banks
1275 Fair Street, SW
Atlanta, GA 30314

04-R-0566

Dear Ms. Banks:

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. 02L0684

Date: March 9, 2004

Claimant /Victim CAROLYN LONG BANKS

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

Address: 1275 Fair Street, SW, Atlanta, Georgia 30314

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

Date of Notice: 09/24/02 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: 1275 Fair Street, SW

Department Watershed Management Bureau: Storm Water Compliance

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges her property was damaged due to flooding on the above date. The investigation determined that the City had no notice of any problems with the storm sewers prior to the date of the claimant's incident. Furthermore, it was determined that the flooding was due to a rain event, for which the City is not liable pursuant to 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 _____

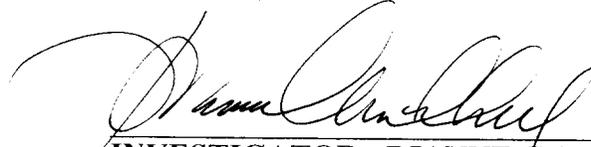
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

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 03/19/04

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

Mitchell
09/26/02
[Signature]

Today's Date: 9/21/02

ENTERED - 9-26-02 - SB
02L0684 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1130 property and/or \$ NA bodily injury for which I contend the City is liable.

1. Date of incident: 9/21/02 (month/day/year). 2. Time of Incident: 9:30 pm 3. Police called: Fire Dept

4. Location of incident (including street address): 1275 Fair St. S.W. Atlanta Ga. 30314

5. Name of your insurance company: N/A Policy No. NA

6. State what and how incident occurred: A raw sewerage back-up + overflow from toilet + shower drain damaged carpet + furniture during storm. Damage pictures were taken by Marie J. the COA Water + sewer department and I file this claim

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: _____
(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.

Carolyn L. Banks
Signature of Claimant

Carolyn Long Banks
(Print Claimant's Name)

1275 Fair St. S.W.
(Address)

Atlanta, Georgia 30314-2636
(City, State and Zip Code)

04-R-0566

220-494-9044 404-258-4482
(Work Number) (Home Number)

Entered - 09/24/02 - sb
CL02L0684 - DIANNE C. MITCHELL

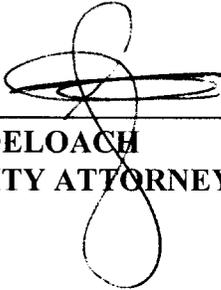
CLAIM OF: **CAROLYN LONG BANKS**
1275 Fair Street, SW
Atlanta, Georgia 30314

04- *p* -0566

For damages alleged to have been sustained as a result of flooding on
September 21, 2002 at 1275 Fair Street, SW.

THIS ADVERSED REPORT IS APPROVED

BY: _____



JERRY L. DELOACH
DEPUTY CITY ATTORNEY

CERTIFIED
APR 19 2004
COUNCIL PRESIDENT PROTREM

CERTIFIED
APR 19 2004
Renee D. DeLoach
MUNICIPAL CLERK

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 3/30/04

CHAIR: H. F. Smith

Carol Smith

Clara M. ...

...

...

...

...

APR 19 2004
ADVERSED