OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

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

April 22, 2004

Southern Glazing Systems
Attn: Ryan Sponsel
485 Buford Drive
Apartment 212
Lawrenceville, GA 30045

04-R-0567

Dear Mr. Sponsel:

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

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

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 03L0797 Date: March 16, 2004

Claimant /Victim SOUTHERN GLAZING SYSTEMS
BY: (Atty) (Ins. Co.) _____
Address: 485 Buford Drive Lawrenceville, Georgia 30045
Subrogation: _____ Claim for Property damage $ 1,500.00 Bodily Injury $ _____
Date of Notice: 09/23/03 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 09/09/03 Place: Interstate 20 at 75/85 interchange
Department Watershed Management Bureau: _____ Division: Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that it sustained damages to its vehicle as a result of a metal object falling from a city vehicle on Interstate 20 at the Interstate 75/85 interchange. However, an investigation determined that there is no evidence to substantiate the allegations made by the claimant.

INVESTIGATION:

Statements: City employee X Claimant X Others _____ Written _____ Oral X
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,

Lisa Carter
INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay $ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager: _____ Concur/date 03/17/04
Committee Action: _____ Council Action _____

FORM 23-61

Carter
10/02/03

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

RE: CLAIM FOR DAMAGES

Today's Date: 9-10-03

ENTERED – 10–3–03 – SB
03L0797 – LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of $ 1500.00 property and /or $_____ bodily injury for which I contend the City is liable. 700 parts + labor 800.00 down time one day

1. Date of incident: 9/9/03 (month/day/year). 2. Time of Incident: 2:30p 3. Police called: ✓ Yes ____ No

4. Location of incident (including street address): I20 + 75, 85 Interchange

5. Name of your insurance company: Travelers Insurance Policy No. 5728A544 810

6. State what and how incident occurred: The guy dropped something out of the back of his truck and it hit the hood of the Chevy. I was driving

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: Chevy 2500 (Make) 2003 (Year) 9735ARS (Tag Number) David Crawley (Driver's Name)
river refused to give info
City vehicle: Gm3500 (Make) 149344 (City Driver's Name) Bureau of Water Service Sewer Operations Div. (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
Ryan Sponsel

Southern Glazing Systems
(Print Claimant's Name)

485 Buford Dr # 213
(Address)

Lawrenceville GA 30045
(City, State and Zip Code)

770-338-8019 (Work Number) 678-409-9380 (Home Number)

FAXED
SEP 23 2003

04- R -0567

CERTIFIED
APR 19 2004
COUNCIL PRESIDENT PROTEM

Entered - 10/03/03 - sb
CL - 03L0797 LISA CARTER

CLAIM OF: SOUTHERN GLAZING SYSTEMS
485 Buford Drive #212
Lawrenceville, Georgia 30045

04- R -0567

For damages alleged to have been sustained as a result of a metal object falling from a city vehicle on September 9, 2003 on Interstate 20 at the Interstate 75/85 interchange.

THIS ADVERSED REPORT IS
APPROVED

BY: _____
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

CERTIFIED
APR 19 2004
MUNICIPAL CLERK

ADVERSE REPORT

PUBLIC SAFTEY &
LEGAL ADMINISTRATION COMMITTEE
DATE: 3/30/04
CHAIR: _____

APR 19 2004