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

Wadie Shihata
12165 Spring Place Lane
Alpharetta, GA 30004

04-R-0548

Dear Ms. Shihata:

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

CONSENT I

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. **01L0307** Date: March 5, 2004

Claimant /Victim **WADIE SHIHATA**
BY: (Atty)(Ins. Co.)
Address: 12165 Spring Place Lane, Alpharetta, Georgia 30004
Subrogation: _____ Claim for Property damage $ **538.63** Bodily Injury $ _____
Date of Notice: 04/24/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 12/19/00 Place: 2440 Bolton Road
Department **Watershed Management** Bureau: **Waste Water Treatment and Collection**
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that his vehicle was damaged after he parked on "soft ground" and his vehicle got stuck. However, the claimant has failed to respond to telephone calls and letters regarding his claim.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ 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 _____ 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 X

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 _____

FORM 23-61

Holmes 05/08/01

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: _____

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ENTERED - 5-9-01 - SB
01L0307 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of $ 538.63 property and/or $ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 12-19-00 (month/day/ year) 2. Time of Incident: 8:50 AM 3. Police called: ____ Yes ✓ No

4. Location of incident (including street address): 2440 BOLTON RD, Atlanta (RMC)

5. Name of your insurance company: Geico Policy No. 65.50.55

6. State what and how incident occurred: Due to construction at the plant site, employee parking was all but eliminated. On this day, most of the limited parking space was take up with construction materials. The only space available had soft ground/dirt and my car became stuck pulling the front bumper away (over)

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: ~~1993~~ Toyota Previa 1993 266PRT Wadie Shihata
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: Robert Williams 2440 Bolton Rd NW Atlanta 404-350-4937
(Name) (Address) RM Clayton (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. **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

Wadie Shihata
(Print Claimant's Name)

12165 Spring Place Lane
(Address)

Alpharetta, GA. 30004
(City, State and Zip Code)

404-350.4940 770.475.9032
(Work Number) (Home Number)

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04-R-0548

CERTIFIED
APR 19 2004
COUNCIL PRESIDENT PROTEM

Entered - 05/09/01 - sb
CL01L0307 - DIANNE C. MITCHELL

CLAIM OF: **WADIE SHIHATA**
12165 Spring Place Lane
Alpharetta, Georgia 30004

04- R -0548

For damages alleged to have been sustained as a result of vehicular damage due to construction on December 19, 2000 at 2440 Bolton Road.

CERTIFIED
APR 19 2001
MUNICIPAL CLERK

THIS ADVERSED REPORT IS APPROVED

BY: _____
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

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

ADVERSE
APR 19 2004