



## OFFICE OF MUNICIPAL CLERK

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

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

April 29, 2004

James Timmons  
1550 Terrell Mill Road  
Apartment 15-P  
Marietta, GA 30067

04-R-0572

Dear Mr. Timmons:

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. 04L0132

Date: March 16, 2004

Claimant /Victim JAMES TIMMONS
BY: (Atty) (Ins. Co.)
Address: 1550 Terrell Mill Road Apartment 15-P Marietta, Georgia 30067
Subrogation: Claim for Property damage \$ 340.00 Bodily Injury \$
Date of Notice: 02/20/04 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.)
Date of Occurrence 02/08/04 Place: 345 Courtland Street, NE
Department Bureau: Division:
Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that he sustained damages as a result of striking a recessed manhole at 345 Courtland Street, NE. However, an investigation determined that the manhole is the property of BellSouth. The claimant has been advised to pursue his claim with BellSouth.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police Dept Report X Other X
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved X Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

[Signature]
INVESTIGATOR - LISA CARTER

RECOMMENDATION:

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

CARTER  
02/23/04

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: 2-20-04

ENTERED - 2-26-04 - SB  
04L0132 - LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 340.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 2-08-04 (month/day/year) 2. Time of Incident: 2:00 Am 3. Police called:  Yes  No

4. Location of incident (including street address): Courtland St NE and Ralph McGill Blvd NE Atlanta Ga

5. Name of your insurance company: Geico Policy No. 2011-09-69-85

6. State what and how incident occurred: I was driving on courtland in the middle of the road was a big man hole I tried to avoid it but I hit the man hole it crack the rim on my car I had to buy a new rim. I am a tax paying citizen

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: Acura 98 210XVF James Timmons  
(Make) (Year) (Tag Number) (Driver's Name)

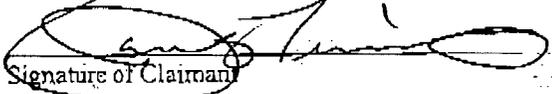
City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: N/A \_\_\_\_\_  
(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 of Claimant

James Timmons  
(Print Claimant's Name)

1550 Terrell Mill Rd Apt 15-F  
(Address)

Marietta Ga 30067  
(City, State and Zip Code)

404-792-1911 678-612-2799  
(Work Number) (Home Number)

04-R -0572

