

Entered 6-4-02 - sb  
CL 02L0409 - GWENDOLYN BURNS

CLAIM OF: ROBERT T. STIVERS  
659 Auburn Avenue, #214  
Atlanta, Georgia 30312

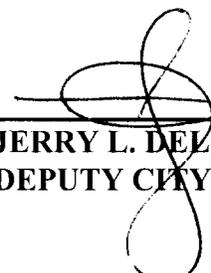
04-R-0672

For vehicular damage allegedly sustained from driving over a construction site that was left open and in an unsafe condition on January 19, 2002 at 610 Irwin Street.

CERTIFIED  
MAY 03 2004

THIS ADVERSED REPORT IS APPROVED

BY:

  
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

CERTIFIED  
MAY 3 2004  
COUNCIL PRESIDENT PROTEM

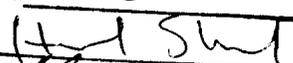
# ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE: 4/27/04

CHAIR: 

  
  
  
  
\_\_\_\_\_  
\_\_\_\_\_

ADVERSED

MAY 03 2004



CITY OF ATLANTA  
OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30303  
(404) 330-6033  
FAX (404) 658-6273

May 10, 2004

Robert T. Stivers  
659 Auburn Ave.  
Apartment 214  
Atlanta, GA 30312

04-R-0672

Dear Mr. Stivers:

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 December 01, 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. 02L0409

Date: April 13, 2004

Claimant /Victim ROBERT T. STIVERS
BY: (Atty) (Ins. Co.)
Address: 659 Auburn Avenue, #214, Atlanta, Georgia 30312
Subrogation: Claim for Property damage \$ 186.11 Bodily Injury \$
Date of Notice: 5/31/02 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 Ante Litem (6 Mo.)
Date of Occurrence 1/19/02 Place: 610 Irwin Street
Department Division:
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant's vehicle sustained damage when he drove over a construction site in the roadway that was left open and in an unsafe condition. However, an investigation determined that the road hazard was left by Atlanta Gas Light Company. The claimant has been so advised and his claim has been forwarded to the utility company for resolution.

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 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,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2PO1 2J01 2H01
Claims Manager: Concur/date 04/14/04
Committee Action Council Action

1  
**RECEIVED**

Holmes  
06/03/02

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

MAY 3 2002

**MUNICIPAL CLERK**

RE: CLAIM FOR DAMAGES *PH*

Today's Date: 4/17/02

ENTERED - 6-4-02 - SB  
02L0409 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 186.11 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 1/19/02 (month/day/year) 2. Time of Incident: EVENING 3. Police called: X Yes No

4. Location of incident (including street address): LEWIN ST. (BETWEEN RANDOLPH AND AUBURN)

5. Name of your insurance company: FARMERS INSURANCE Policy No. 55 15466-05-76

6. State what and how incident occurred: ROAD CREWS HAD CUT A HOLE IN THE STREET AND DIDNT MARK IT OR COVER IT WITH A METAL PLATE. IN THE DARKNESS THERE WAS NO WAY TO SEE IT. I STRUCK IT WITH MY RIGHT FRONT TIRE AND CAUSED EVIDENT DAMAGE THAT MY TIRE HAD TO BE REPLACED.

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: JW 1998 ROBERT STIVERS  
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: DEANILA DUFFY 3319 CONCORD CIR. 770-434-4830  
(Name) (Address) SMITH, GA. (Telephone Number)  
30080

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

ROBERT T. STIVERS  
(Print Claimant's Name)  
659 AUBURN AVE., #214  
(Address)  
ATLANTA, GA. 30312  
(City, State and Zip Code)  
404-681-3900 404-524-5389  
(Work Number) (Home Number)

04-R -0672