

Entered - 10/09/03 - sb
CL03L0810 - DIANNE C. MITCHELL

CLAIM OF: MARTA
2424 Piedmont Road
Atlanta, Georgia 30324-3330

04- R-0674

For damages alleged to have been sustained as a result of a vehicular accident on August 14, 2003 at Browns Mill Road and Jonesboro Road.

THIS ADVERSED REPORT IS APPROVED

CERTIFIED
MAY 03 2004
MARTHA
MAYORAL CLERK

CERTIFIED
MAY 3 2004
COUNCIL PRESIDENT PROTTEM

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 4/27/04

CHAIR: RA

H. J. Smith
Mary Norwood
Carla Smith
Clara Washburn

ADVERSED

MAY 03 2004



CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

May 10, 2004

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

MARTA
Attn: Sylvia Crisp
2424 Piedmont Rd.
Atlanta, GA 30324-3330

04-R-0674

Dear Ms. Crisp:

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. 03L0810

Date: April 6, 2004

Claimant /Victim MARTA

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

Address: 2424 Piedmont Road, Atlanta, Georgia 30324-3330

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

Date of Notice: 10/18/03 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 08/14/03 Place: Browns Mill Road and Jonesboro Road

Department Public Works Bureau: Solid Waste Services

Employee involved Darryl D. Winfrey Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges its vehicle was damaged due to a vehicular accident with a City vehicle. However, the claimant has failed to provide information necessary to support its claim.

INVESTIGATION:

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

Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

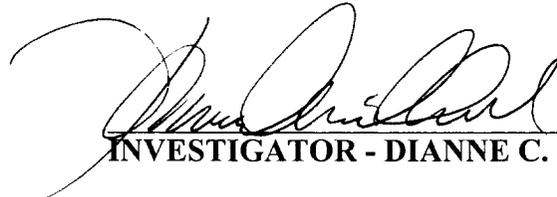
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

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

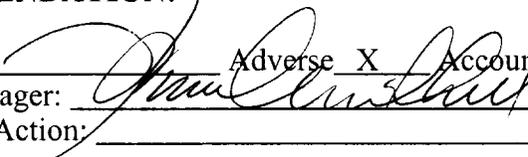
Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____ 2P01 _____

Claims Manager:  Concur/date 04/14/04

Committee Action: _____ Council Action _____

Metropolitan Atlanta Rapid Transit Authority



October 6, 2003

SWS

CITY OF ATLANTA MUNICIPAL CLERK
Attention: Law Department
55 Trinity Ave., S.W.
Atlanta, Georgia 30303-3520

M. Mitchell

10/08/03

[Signature]

ENTERED - 10-9-03 - SB
03L0810 - DIANNE MITCHELL

Our Claim #: 4-3214F03
Date of Accident: 08/14/03
Insured: City of Atlanta
Policy #:

Dear Sir/Madam:

Enclosed are the following documents which support MARTA's property damage claim as referenced above.

- I Police Report: Enclosed Not Enclosed
- II Repair costs to: bus #1711

Please forward your check in the amount of (pending bus estimate to follow) for payment of MARTA's property damage claim. Please do not place full release language on the check. MARTA will only accept property damage checks with property damage only release language. All other checks will be returned.

Please make the check payable to MARTA and mail to my attention at the following address:

MARTA
Office of Risk Management
Attn: Sylvia Crisp
2424 Piedmont Road, N.E.
Atlanta, Georgia 30324-3300

Sincerely,

[Signature: Sylvia Crisp]

Sylvia Crisp
Claims Adjuster I
(404) 848-4524

04-R-0674 24 Piedmont Road Atlanta, Georgia 30324-3330 (404) 848-5000

==