

Entered - 03/30/04 - sb
CL04L0196 - DIANNE C. MITCHELL

CLAIM OF: **JOAQUIM GOMES,**
through his insurance carrier,
The Co-operators
5799 Yonge Street
Suite 1001
Willowdale, Ontario Canada M2M 3V3

04- R -0677

CERTIFIED
MAY 03 2004
MUNICIPAL CLERK

For damages alleged to have been sustained as a result of vehicular damage due to a fallen tree on June 26, 2003 at Hammond Drive.

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: _____

H. J. Stul

Mary Greenwood

Gaila Sykes

Debra Henslow

ADVERSED

MAY 03 2004

vic



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

May 13, 2004

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

The Co-operators
Insurance Carrier
Attn: Orel Townsend
5799 Yonge Street
Suite 101
Willowdale, Ontario Canada M2M 3V3

04-R-0677

RE: Joaquim Gomes

Dear Mr. Townsend:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her 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 client's 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. 04L0196

Date: April 6, 2004

Claimant /Victim JOAQUIM GOMES
BY: (Ins. Co.) The Co-Operators
Address: 5799 Yonge Street, Suite 1001, Willowdale, Ontario Canada M2M 3V3
Subrogation: X Claim for Property damage \$ 5,147.54 Bodily Injury \$
Date of Notice: 03/30/04 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.)
Date of Occurrence 06/26/03 Place: Hammond Drive
Department Bureau:
Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges his vehicle was damaged due to a fallen tree. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5. Furthermore, the location where the incident allegedly occurred is outside the Atlanta City limits.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report 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 X Other 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 - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01 2P01
Claims Manager: [Signature] Concur/date 04/11/04
Committee Action: Council Action



Mitchell
03/30/04
[Signature]

March 22, 2004

City of Atlanta
55 Trinity Avenue
Atlanta, Georgia 30303

ENTERED - 3-30-04 - SB
04L0196 - DIANNE MITCHELL

Re: Our Client - Joaquim Gomes
Our Policy No. - 226969327
Loss Date - **June 26, 2003**
Location of Loss - Hammond Drive

To Whom It May Concern:

As confirmed by the enclosed police report, our investigation indicates that the City of Atlanta is responsible for damages to our client's vehicle. I am enclosing copies of police report, photos, estimate and invoices.

Please make the cheque payable as follows:

The Co-operators \$5147.54 US or
 \$6834.70 Canadian

I look forward to receiving payment by April 12, 2004. If you have any questions, please call me.

Sincerely,

Orel Townsend
Claims Representative
416-224-6927

04-R-0677