

Entered - 03/05/04- sb
CL - 04L0158 LISA CARTER

04-R-0681

CLAIM OF: SONYA WHEELER
9 Clay Street #7
Atlanta, Georgia 30317

For damages alleged to have been sustained as a result of striking an uncovered manhole on February 27, 2004 at Memorial Drive, SE and Daniel Street, SE.

THIS ADVERSED REPORT IS APPROVED

BY: _____
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

CERTIFIED
MAY 03 2004
MAY 03 2004

CERTIFIED
MAY 03 2004
COUNCIL PRESIDENT PROTEM

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 4/27/04

CHAIR: C. Timmons

View

Newspaper
Carlton Smith
Carlton Smith

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

Sonya Wheeler
9 Clay Street
Apartment 7
Atlanta, GA 30317

04-R-0681

Dear Ms. Wheeler:

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. 04L0158

Date: April 13, 2003

Claimant /Victim SONYA WHEELER
BY: (Atty) (Ins. Co.)
Address: 9 Clay Street #7 Atlanta, Georgia 30317
Subrogation: Claim for Property damage \$ 1,203.42 Bodily Injury \$
Date of Notice: 03/03/04 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 02/27/04 Place: Memorial Drive, SE and Daniel Street, SE
Department Watershed Management Bureau: Division: Sewer Operations
Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that her vehicle was damaged as a result of striking an uncovered manhole at Memorial Drive, SE and Daniel Street, SE. However, the city was not on notice of the existence of the problem prior to the incident involving the claimant. Furthermore, the city is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures X 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 X Ministerial
Improper Notice More than Six Months Other X 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

Respectfully submitted,

Lisa Carter
INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager: Concur/date 04/15/04
Committee Action: Council Action

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: March 3, 2004

ENTERED - 3-5-04 - SB
04L0158 - LISA CARTER

CARTER
03/03/04
[Signature]

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,203.42 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 02 27 04 (month/day/ year) 2. Time of Incident: 21:50pm 3. Police called: Yes No

4. Location of incident (including street address): Memorial Drive and Daniel St.

5. Name of your insurance company: American Century Casualty Comp. Policy No. GA 006049-9

6. State what and how incident occurred: Ms. Salad was driving East Bound on Memorial Dr. and upon passing the interscotion of Daniel St. the vehicle she was driving ran over an uncovered manhole in the middle of the street. Upon the police arrival he went to the location of the manhole and put the cover back on. The manhole cover was put back on but unsecure. DOT was notified.

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: PONTIAC Pontiac 1985 (Year) A E J 4 7 5 3 (Tag Number) Carolyn Salad (Driver's Name)

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

9. Witness: Bobby Carter (Name) 2100 Rosewood Rd. (Address) (404) 438-3339 (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.

Sonya Wheeler
Signature of Claimant

Sonya Wheeler
(Print Claimant's Name)
9 Clay St # 7
(Address)
Atlanta Georgia 30317
(City, State and Zip Code)
770) 458-9506 678-768-4080
(Work Number) (Home Number)