

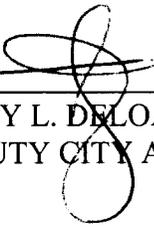
Entered - 03/24/04 - sb  
CL - 04L0191 LISA CARTER

04-R -0683

CLAIM OF: SALLY W. Boleyjack  
1181 Silver Moon Trail  
Lithia Springs, Georgia 30122

For damages alleged to have been sustained as a result of striking  
an object in the roadway on March 14, 2004 on Interstate 20.

THIS ADVERSED REPORT IS APPROVED

BY:   
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

**CERTIFIED**  
MAY 03 2004  
*Richard L. DeLoach*  
Deputy City Attorney

**CERTIFIED**  
MAY 03 2004  
*[Signature]*  
QUINCY PRESIDENT PROTEM

**ADVERSE REPORT**

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE: 4/27/04  
CHAIR: [Signature]  
VICE: [Signature]  
[Signature]  
[Signature]  
[Signature]

**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

Sally W. Boleyjack  
1181 Silver Moon Trail  
Lithia Springs, GA 30122

04-R-0683

Dear Ms. Boleyjack:

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. 04L0191

Date: April 13, 2003

Claimant /Victim SALLY W. BOLEYJACK

BY: (Atty) (Ins. Co.)

Address: 1181 Silver Moon Trail Lithia Springs, Georgia 30122

Subrogation: Claim for Property damage \$ 469.98 Bodily Injury \$

Date of Notice: 03/24/04 Method: Written, proper X Improper

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

Date of Occurrence 03/14/04 Place: Interstate 20

Department Bureau: Division:

Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that she sustained damages as result of striking an object in the roadway on Interstate 20. However, an investigation determined that Interstate 20 is a state highway. The claim has been forwarded to Georgia Department of Transportation for handling and the claimant has been advised to pursue her claim with the Georgia Department of Transportation.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police Dept Report 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,

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

Carter  
03/24/04

RE: CLAIM FOR DAMAGES

Today's Date: 3-17-04

ENTERED - 3-24-04 - SB  
04L0191 - LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 4,099.98 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 3-14-04 (month/day/year) 2. Time of Incident: 5:30 3. Police called: \_\_\_\_\_ Yes  No

4. Location of incident (including street address): I-20 West Bound between MLK & Ashby St

5. Name of your insurance company: Allstate - auto Policy No. 645177895

6. State what and how incident occurred: I was driving the speed limit going west bound on I-20 between Ashby Street and MLK - I suddenly hit something in I-20 that tore up my left rim in front and my tires. I had to take the side street to a service station to get some air pressure to get home.

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: 1993 Toyota Paseo 442 HZ m Sally Boley  
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: \_\_\_\_\_  
(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.

Sally Boley  
Signature of Claimant

Sally W. Boley JACK  
(Print Claimant's Name)  
1181 Silver Moon Trl  
(Address)  
Lithia Springs GA 30122  
(City, State and Zip Code)

04-R -0683

\_\_\_\_\_  
(Work Number) 770-732-0693  
(Home Number)