

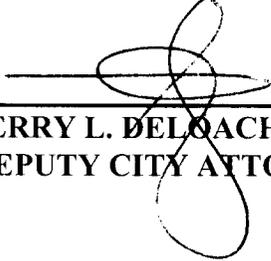
Entered 11-21-02 - sb
CL 02L0845 - GWENDOLYN BURNS

CLAIM OF: **CHRYSTALE WILSON**
4437 Horseshoe Court
Decatur, Georgia 30034

04-R-0686

For vehicular damage allegedly sustained from driving over a construction site that was left open and in an unsafe condition on October 31, 2002 at 14th Street, NE & Spring Street, NE.

THIS ADVERSED REPORT IS APPROVED

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

CERTIFIED
MAY 03 2004
R. L. DeLoach
MUNICIPAL CLERK

CERTIFIED
MAY 3 2004
COUNCIL PRESIDENT PROTEM

ADVERSE REPORT

DATE 4/27/04
CHAIR [Signature]
VIC [Signature]
Mary Woodward
[Signature]
[Signature]

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

Chrystale Wilson
4437 Horseshoe Court
Decatur, GA 30034

04-R-0686

Dear Ms. Wilson:

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. 02L0845

Date: April 13, 2004

Claimant /Victim CHRYSTALE WILSON
BY: (Atty) (Ins. Co.)
Address: 4437 Horseshoe Court, Decatur, Georgia 30034
Subrogation: Claim for Property damage \$ 89.90 Bodily Injury \$
Date of Notice: 11/12/02 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 Ante Litem (6 Mo.)
Date of Occurrence 10/31/02 Place: 14th Street, NE & Spring Street, NE
Department Division:
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that she sustained vehicular damages when she drove over a construction site in the roadway that was left in an unsafe condition. However, an investigation determined that 14th Street, NE is a state route and operated and maintained by the State of Georgia, Department of Transportation. Further inquiries revealed that an outside contractor was installing a water main in the roadway. The claimant has been so advised and her claim has been forwarded to the contractor for resolution.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures X Diagrams Reports: Police Dept Report X 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 X

Respectfully submitted,

Handwritten signature of 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

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

NOV 11 2002

RE: CLAIM FOR DAMAGES

Today's Date: 11-04-02

ENTERED - 11-21-02 - SB
02L9845 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 2 bodily injury for which I contend the City is liable.

1. Date of incident: 10-31-02 2. Time of Incident: 10:15 a.m. 3. Police called: Yes No
(month/day/ year)

4. Location of incident (including street address): SPRING & 14th ST. ON 14th ST.

5. Name of your insurance company: Met Life Auto & Home Policy No. APA-6431168

6. State what and how incident occurred: I WAS LEAVING COLONY SQUARE ON PEEBLES ST. APPROXIMATING 75/85 S ON 14TH ST. I CAME TO A STOP LIGHT ON 14TH ST. AT THE CORNER OF 14TH & SPRING WHEN I WENT TO MAKE A LEFT TURN I HIT A POT HOLE
(CONT'D ON BACK)

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: SAAB 93 SE 1999 CHRISTALE WILSON
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: TORRENCE MURRAY 4780 Ashford Dunwoody Dr
(Name) (Address) (Telephone Number)
ATLANTA, GA 30338

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.

Christale Wilson
Signature of Claimant

CHRISTALE WILSON
(Print Claimant's Name)

4437 HORSESHOE CRT.
(Address)

DECATUR, GA 30034
(City, State and Zip Code)

404-667-2307 770-987-9497
(Work Number) (Home Number)

04-R-0686

... AS I TURNED THE CORNER
MY CAR BEGAN TO SHAKE AND I PULLED OVER INTO
A PARKING LOT ON SPRING ST. A MAN WALKING BY
AND MY FRIEND WHO WAS IN THE AREA WORKING
STOPPED TO HELP ME. MY TIRE WAS FLAT, SO THEY
PUT MY SPARE ON MY VEHICLE AND THEN MY FRIEND
AND I WENT OVER TO THE B.P. GAS STATION (ALSO
ON SPRING ST.) TO SEE IF THE TIRE COULD BE
REPAIRED. THE ATTENDANT SAID THE TIRE
COULD NOT BE REPAIRED AND THE TIRE WAS
DAMAGED. AT THAT TIME I CALLED AROUND
TO PRICE THE REPAIRS THAT WOULD NEED TO
BE DONE AND I ASKED SOME MEN WORKING
ON THE STREETS IN THE AREA "WHO I WOULD
NEED TO CALL ABOUT THE DAMAGE THAT WAS
DONE TO MY VEHICLE" THEY TOLD ME TO CALL
"PUBLIC WORKS" I IMMEDIATELY CONTACTED
YOUR OFFICE AND WAS MAILED THIS FORM.

ATTACHED YOU WILL FIND: ① TWO ESTIMATES
FOR THE REPLACEMENT OF THE TIRE & TRIM,
AND AN ESTIMATE FOR AN ALIGNMENT &
BALANCING (ONLY SAAB DEALERS ARE RECOMMENDED)
② INSURANCE INFORMATION ③ REGISTRATION
(copy)
④ & PICTURES OF LOCATION OF INCIDENT.

THANK YOU FOR YOUR ATTENTION TO
THIS MATTER.

Sincerely,
Phyllis Dale