



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

Omemer Ogletree
222 Aaron St., NW
Atlanta, GA 30314

04-R-0688

Dear Ms. Ogletree:

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. 03L0882

Date: April 13, 2004

Claimant /Victim OMEMER OGLETREE
BY: (Atty) (Ins. Co.)
Address: 222 Aaron Street, NW, Atlanta, Georgia 30312
Subrogation: Claim for Property damage \$ unspecified Bodily Injury \$
Date of Notice: 10/29/03 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 Ante Litem (6 Mo.)
Date of Occurrence 8/27/03 Place: 222 Aaron Street, NW
Department FIRE Division:
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that she sustained property damage when Atlanta Firemen destroyed her door in an effort to gain entry into her home to respond to a distress call. However, the Department of Fire operates in a governmental capacity for all operations and the City is immune from liability.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures 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 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,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2PO1 2J01 2H01
Claims Manager: Concur/date 04/15/04
Committee Action Council Action

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
CITY HALL
68 Mitchell Street, S.W.
Atlanta, Georgia 30303

RE: CLAIMS FOR DAMAGES

TODAY'S DATE: 10-27-03

Dear Sir:

ENTERED - 11-12-03 - SB
03L0882 - GWEN BURNS

BURNS
11/04/03
[Signature]

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

1. Date of Accident: beginning or mid Oct. 2. Police called: _____
(month) (day) (year) (yes) (no)

3. Location of accident: 222 Aaron St NW
Atlanta Ga 30314

4. Name of your insurance company: Hartford Co Policy # _____

5. State how the accident occurred: I fell in my
Home Firemen came out and
took off my Burglar Hood
I do not know what it will
cost to repair it. Thank you. (use other side if necessary)

6. If a vehicular accident, complete the following and attach two (2) estimates of repair. ALL
ESTIMATES AND VEHICLE DAMAGES ARE SUBJECT TO INSPECTION. THE
MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED
AND MAY RESULT IN CRIMINAL PROSECUTION! The registered owner must make the
claim for vehicle damages.

7. Your vehicle: _____
(make) (year) (tag #) (driver's name)

8. City vehicle: _____
(make) (driver's name) (department)

9. Witness: _____
(name) (phone) (address)

10. The acknowledgment of this claim in no way waives the Governmental 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).

I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

11. THIS CLAIM SHOULD BE MAILED
IMMEDIATELY TO THE ADDRESS
SHOWN ABOVE.

Malomena Ogletree (claimant)
222 Aaron St NW
Atlanta Ga (address) 30314

(city) (state) (Zip)

(home) (phone) (work)
404-792-8632

04-R-0688