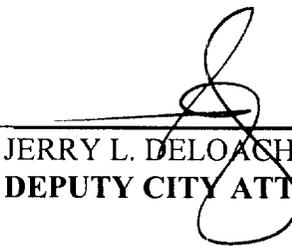


CLAIM OF: **JESSICA N. PRESSLEY-WILLIS**  
4335 Alysheba Drive  
Fairburn, Georgia 30213

For vehicular damages alleged to have been sustained from driving over a pot hole on July 25, 2009 at Camp Creek Parkway & Bakers Ferry Road.

THIS ADVERSED REPORT IS APPROVED

BY:   
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

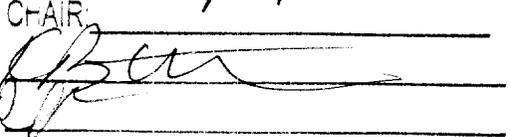
JAN 19 2010

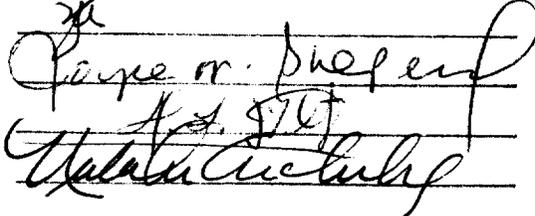
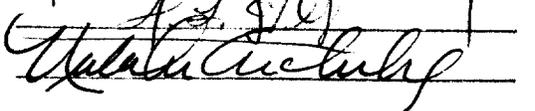
**CERTIFIED**  
JAN 19 2010  
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

**ADVERSE REPORT**

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE: 1/12/10

CHAIR: 

JAN 19 2010  
NOT RECORDED  
NOV 19 2010

CITY COUNCIL  
ATLANTA, GEORGIA

January 29, 2010

Ms. Jessica N. Pressley-Willis  
4335 Alysheba Drive  
Fairburn, Georgia

**10-R-0099**

Dear **Ms. Pressley-Wilis**

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 January 19, 2010. 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**.

Sincerely,



Rhonda Dauphin Johnson, CMC  
Municipal Clerk

**cc: Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0589

Date: November 23, 2009

Claimant /Victim JESSICA N. PRESSLEY-WILLIS
BY: (Atty) (Ins. Co.)
Address: 4335 Alysheba Drive, Fairburn, Georgia 30213
Subrogation: Claim for property damage \$ 1,100.00 Bodily Injury \$
Date of Notice: 7/24/09 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 7/25/09 Place: Camp Creek Parkway & Bakers Ferry Road
Department WATERSHED MANAGEMENT Bureau: Waste Water Treatment & Collections Office:
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that she sustained vehicular damages when she drove over a defective area in the road at the above-location. However, an investigation has determined that a subrogation claim that has been filed by her insurance company (see claim #09L0668).

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 X Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. X Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

[Handwritten signature]

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: General Fund Water & Sewer Aviation
Claims Manager: [Signature] Concur/date 12/21/09
Committee Action: Council Action

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, SW  
Atlanta, Georgia 30303

RECEIVED  
OFFICE OF  
MUNICIPAL CLERK  
2009 JUL 26 PM 1:01

RE: CLAIM FOR DAMAGES

Today's Date: 7/12/09

BURNS  
081209

ENTERED - 8-21-09 - SB

09L0589 - G. BURNS

Post Mark Date 7.21.09

By

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 1,000.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 7/25/09 2. Time of incident: 11:15am. Police called: NO

4. Location of incident (including street address): INTERSECTION @ CAMP CREEK PKWY & BAKERS FERRY RD

5. Name of your insurance company: GEICO Policy No. \_\_\_\_\_

6. State what and how incident occurred: WHILE MAKING A LEFT HAND TURN FROM S/B BAKERS FERRY RD ONTO E/B CAMP CREEK PKWY MY RIGHT FRONT WHEEL HIT A POT HOLE (2 FT BY 2 FT DEEP) CAUSING A PUNCTURED TIRE, DAMAGE WHEEL AND EXTENSIVE SUSPENSION DAMAGE

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.

Your vehicle: 2003 AUDI A6 2.7T V8S/1VNT JESSICA NICOLE PRESSLEY-WALLIS  
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: LANCE T. WALLIS

10. The acknowledgement 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 from the date of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Jessica N. Pressley-Wallis

JESSICA N PRESSLEY-WALLIS  
(Print Claimant's Name)

4335 ALYSHEBA DR  
(Address)

FARMERS GA 30213  
(City, State and Zip Code)

786 645631 786 6293180  
(Work Number) (Home Number)

10- R -0099

RCS# 17  
1/19/10  
1:54 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

10-R-0145

ADOPT EXCEPT

YEAS: 14  
NAYS: 0  
ABSTENTIONS: 0  
NOT VOTING: 1  
EXCUSED: 0  
ABSENT 1

Y Smith	Y Archibong	Y Moore	Y Bond
Y Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	Y Willis
B Winslow	Y Adrean	Y Sheperd	NV Mitchell

CONSENT I