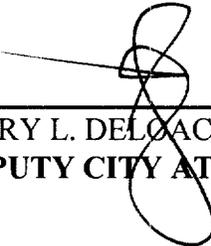


CLAIM OF: **CHERYL MILLER**  
530 Cool Creek Trail  
Mableton, Georgia 30126

For vehicular damages alleged to have been sustained from driving over a pot hole on April 2, 2009 on Peachtree Road, NE south of Pharr Road, NE.

JAN 19 2010

THIS ADVERSED REPORT IS APPROVED

BY:   
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

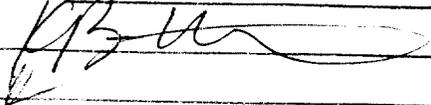
**RECEIVED**  
JAN 19 2010  
CITY CLERK  
*Paula... Clerk*

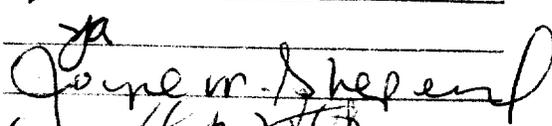
**ADVERSE REPORT**

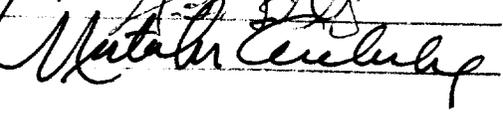
PUBLIC SAFTEY &  
LEGAL ADMINISTRATION COMMITTEE

DATE: 1/12/10

CHAIR: \_\_\_\_\_



*ja*  




JAN 19 2010

ADVERSED BY  
CITY CLERK

JAN 19 2010

ADVERSED BY  
CITY CLERK

CITY COUNCIL  
ATLANTA, GEORGIA

January 29, 2010

Ms. Cheryl Miller  
530 Cool Creek Trail  
Mableton, Georgia 30126

**10-R-0102**

Dear **Ms. Miller**

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,

A handwritten signature in black ink that reads "Rhonda Dauphin Johnson". The signature is written in a cursive, flowing style.

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

**cc: Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0330

Date: November 30, 2009

Claimant /Victim CHERYL MILLER
BY: (Atty) (Ins. Co.)
Address: 530 Cool Creek Trail, Mableton, Georgia 30126
Subrogation: Claim for property damage \$ 385.06 Bodily Injury \$
Date of Notice: 4/20/09 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 4/2/09 Place: Peachtree Road, NE south of Pharr Road, NE
Department Bureau: Office:
Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that she sustained vehicular damages when she drove over a pot hole in the road at the above-location. However, the claimant has failed to provide sufficient information to pursue her claim.

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 Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned X

Respectfully submitted,

[Signature]
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Adverse X Account charged: General Fund Water & Sewer Aviation
Claims Manager: Concur/date 12/15/09
Committee Action: Council Action

10- R -0102

RECEIVED  
OFFICE OF  
MUNICIPAL CLERK  
19 APR 20 09 4:17 PM

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

RE: CLAIM FOR DAMAGES

Today's Date: 4/29/09

ENTERED - 5-5-09 - SB  
09L0330 - G. BURNS

BURNS  
04/29/09

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 385.06 property and/or \$ 0 bodily injury for which I contend the City is liable.

- 1. Date of incident: 4-2-09 2. Time of incident: 8:30 AM 3. Police called: NO
- 4. Location of incident (including street address): Peachtree St South Phoebe Rd
- 5. Name of your insurance company: Geico Policy No. \_\_\_\_\_
- 6. State what and how incident occurred: Hit A Pot hole in Street, Flattened tires & Knocked Alignment off.

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: 05 Benz A2G 4212 Cheryl Miller  
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: Mary Sizemore

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.

Cheryl Miller  
Signature of Claimant

Cheryl Miller  
(Print Claimant's Name)

530 Cool Creek Ter  
(Address)

Mableton, GA. 30126  
(City, State and Zip Code)

404-261-9043 404-660-0156  
(Work Number) (Home Number)

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