

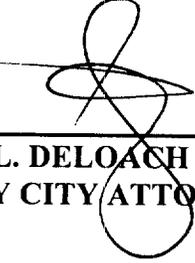
Entered 07/17/09 sb
CL 09L0515 - LISA CARTER

10- R -0103

CLAIM OF: PATRICIA ANN GRESHAM
1739 Leslie Avenue, SW
Atlanta, Georgia 30311

For damages alleged to have been sustained during
a sewer rehabilitation project on May 17, 2009 at
1739 Leslie Avenue, SW.

THIS ADVERSED REPORT IS
APPROVED

BY: 

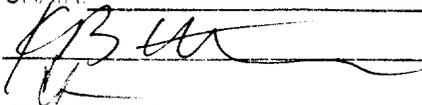
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

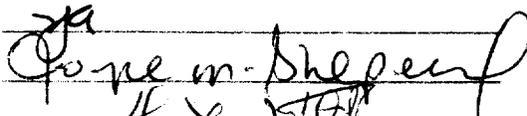
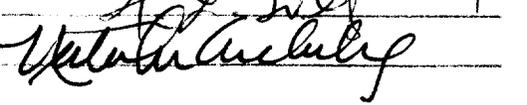
ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

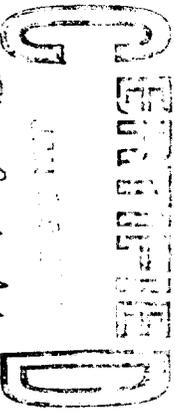
DATE: 1/12/10

CHAIR: _____



JAN 19 2010


JERRY L. DELOACH
DEPUTY CITY ATTORNEY
PATRICIA ANN GRESHAM
MUNICIPAL CLERK

JAN 19 2010
APPROVED BY
COUNCIL

CITY COUNCIL
ATLANTA, GEORGIA

January 29, 2010

Ms. Patricia Ann Gresham
1739 Leslie Avenue
Atlanta, Georgia 30311

10R-R-0103

Dear **Ms. Gresham**

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. 09L0515

Date: November 23, 2009

Claimant /Victim PATRICIA ANN GRESHAM

BY:(Atty)(Ins.Co.) _____

Address: 1739 Leslie Avenue, SW Atlanta, Georgia 30311

Subrogation: _____ Claim for Property damage \$ 3,638.96 Bodily Injury \$ _____

Date of Notice: 07/06/09 Method: Written, proper X Improper _____

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

Date of Occurrence 05/17/09 Place: 1739 Leslie Avenue, SW

Department Watershed Management Bureau: Wastewater Treatment and Collections Office: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained damages during a sewer rehabilitation project at 1739 Leslie Avenue, SW. However, an investigation determined that Southeast Pipe Survey, a contractor had been working at this location. The claim has been tendered and the claimant has been advised to pursue her claim with Southeast Pipe Survey.

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

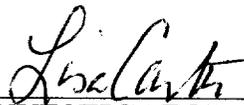
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

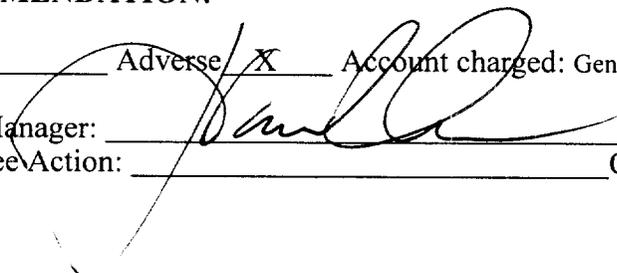
Respectfully submitted,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: General Fund _____ Water & Sewer _____ Aviation _____

Claims Manager:  Concur/date 12/15/09

Committee Action: _____ Council Action _____

RECEIVED PAR
OFFICE OF
MUNICIPAL CLERK

CARTER
07/15/09
R

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

2009 JUL -6 PM 4:01

RE: CLAIM FOR DAMAGES
Today's Date: 7-3-2009

ENTERED - 7-17-09 - SB
09L0515 - L. CARTER
\$1,852.59
\$9,49.27

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 837.10 property I add \$27.00
and/or \$ _____ bodily injury for which I contend the City is liable. DOLLARS. FOR TRANSPORTATION
to work.

- Date of incident: 5-17-2009 2. Time of incident: 11:07AM 3. Police called: NO
- Location of incident (including street address): 1739 LESLIE AVE. S.W. ATLANTA, GEORGIA. 30311-4113
- Name of your insurance company: All State Insurance Policy No. 931-983927

6. State what and how incident occurred: I WAS BACKING UP MY DRIVEWAY AND THE TREE WAS VERY WET, AND SOMEHOW I START SKIDING AND THE RUBBER FRONT GUARD GOT STUCK IN THE GRASS AND I START TURNING THE WHEEL RIGHT AND LEFT AND MY TIRE, WENT FLAT AND IT TOOK ALMOST A HOUR TO GET UN STUCK.

- 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!
- 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: 1992 2M73TV DARICIA ANN GRESHAM.
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: CADILLAC DEVILLE Daricia Ann Gresham
(Make) (City Driver's Name) (Department/Bureau)

- Witness: _____
- 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).
- 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.
Daricia Ann Gresham.
Signature of Claimant

Daricia Ann Gresham.
(Print Claimant's Name)
1739 LESLIE AVE. S.W.
(Address)
ATLANTA, GEORGIA 30311-4113
(City, State and Zip Code)
404-353-4782 / 404-762-7939
(Work Number) (Home Number)
Cell - 404-357-6329

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