

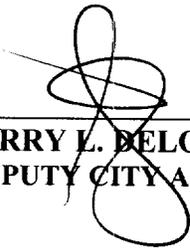
Entered - 7/24/09 - sb
CL- 09L0549 - Angelena Kelly

Claim of: Mildred Denmark
832 Erin Avenue
Atlanta, GA 30310

For damages allegedly sustained as a result of driving over
an unsecured metal plate in April 2009 at 1317 Fairbanks
Street.

THIS ADVERSED REPORT IS APPROVED

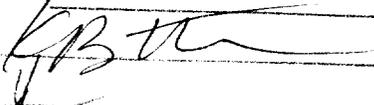
BY: _____

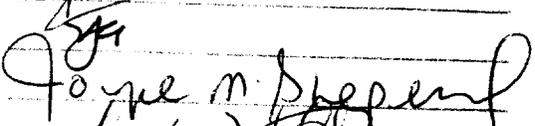
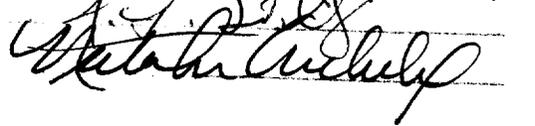

JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE 1/12/10

CHIEF 

JAN 19 2010

RECORDED
Rose A. Burdette
MUNICIPAL CLERK

JAN 19 2010

ADVERSED BY
CHIEF

CITY COUNCIL
ATLANTA, GEORGIA

January 29, 2010

Ms. Midred Denmark
832 Erin Avenue
Atlanta Georgia 30310

10-R-0106

Dear **Ms. Denmark**

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. 09L0549

Date: November 30, 2009

Claimant /Victim: Mildred Denmark
BY:(Atty)(Ins. Co.)
Address: 832 Erin Avenue, Atlanta, GA 30310
Subrogation: Claim for Property damage \$ 113.00 Bodily Injury \$
Date of Notice: 7/16/09 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence: 4/09 Place: 1317 Fairbanks Street
Department: Watershed Management Bureau: Wastewater Treatment and Collections Office:
Employee involved: Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that her vehicle was damaged when she drove over a metal plate at the above location. However, the claimant has failed to furnish information necessary to substantiate the claim.

INVESTIGATION:

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 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,

Handwritten signature of Angelena Kelly
INVESTIGATOR - ANGELENA KELLY

RECOMMENDATION:

Pay \$ Adverse X Account charged: General Fund Water & Sewer Aviation
Claims Manager: Concur/date 12/11/09
Committee Action: Council Action

RECEIVED
OFFICE OF
MUNICIPAL CLERK

Post Mark Date NPM
By g

2009 JUL 16 PM 2:16

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

RE: CLAIM FOR DAMAGES

Today's Date: 6-2-09

Dear Municipal Clerk:

ENTERED - 7-24-09 - SB
09L0549 - A. KELLY

Kelly
07123109

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 113.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

- Date of incident: 4-09 2. Time of incident: 9:00 AM 3. Police called: NO
- Location of incident (including street address): 1317 Fairbanks St
- Name of your insurance company: All state Policy No. _____
- State what and how incident occurred: Backing out of driveway on Fairbanks St and metal in street. Flating my two tires on my cars. The metal is from the man hole.
- 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: Cadillac 88 ANV3639 Mildred Denmark
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: _____
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.

Mildred Denmark
Signature of Claimant

Mildred Denmark
(Print Claimant's Name)

832 Erin Ave. SW
(Address)

ATLANTA, GA. 30310
(City, State and Zip Code)

(Work Number) 4) 753-6544
(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