

Entered - 11/24/09 - sb  
CL - 09L0918 - Angelena Kelly

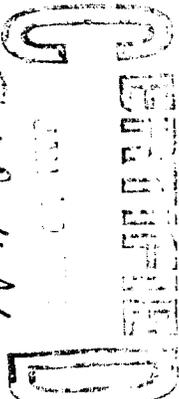
Claim of: AT & T  
909 Chestnut Street  
Room 39-N-13  
St. Louis, MO 63101

For damages alleged to have been sustained as a result of replacing a fire hydrant on April 3, 2009 at 3387 Donald L. Hollowell Parkway.

JAN 19 2010

THIS ADVERSED REPORT IS APPROVED

BY:   
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

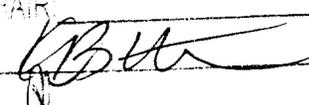
  
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY  
JAN 13 2010  
Municipal Clerk

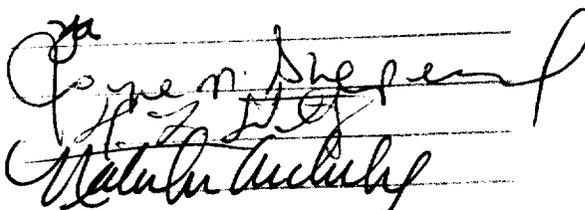
**ADVERSE REPORT**

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE 1/12/10

C-AR




JAN 19 2010

ADVERSED  
CITY ATTORNEY

CITY COUNCIL  
ATLANTA, GEORGIA

January 29, 2010

AT&T  
909 Chestnut Street  
Room 39-N-13  
St. Louis, MO. 63101

**10-R-0112**

Dear **Sir/Madam**

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. 09L0918

Date: December 16, 2009

Claimant /Victim: AT & T  
BY:(Atty)(Ins. Co.) \_\_\_\_\_  
Address: 909 Chestnut Street, Room 39-N-13, St. Louis, MO 63101  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 2,250.49 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 11/18/09 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_  
Date of Occurrence: 4/3/09 Place: 3387 Donald L. Hollowell Parkway  
Department: Watershed Management Bureau: Drinking Water Office: \_\_\_\_\_  
Employee involved: \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges that their phone line was severed during the installation of a fire hydrant. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. § 36-33-5, in that the six month statute of limitations expired prior to receipt of the claim.

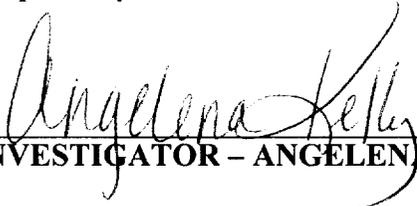
INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

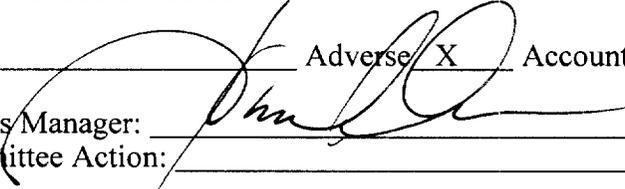
BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial X  
Improper Notice \_\_\_\_\_ More than Six Months X 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 \_\_\_\_\_

Respectfully submitted,

  
\_\_\_\_\_  
INVESTIGATOR - ANGELENA KELLY

RECOMMENDATION:

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



# Claim for Damages

ENTERED - 11-24-09 - SB  
09L0918 - A. KELLY

*Kelly*  
*11/18/09*

To:  
ATLANTA LAW DEPARTMENT  
68 MITCHELL STREET  
SUITE 4100  
ATLANTA, GA 30303

## Summary of Charges

The following amounts include direct and indirect costs covering repair of this damage including but not limited to personnel, equipment and vehicles. These include the labor, contractor, material, loss of service and other miscellaneous costs

Claim Number: BLST-61-200904-07-0030-OTT

LABOR COST	\$1,438.62
MATERIALS/UNIT COST ITEMS	\$445.87
LOSS OF SERVICE	\$366.00
<b>TOTAL AMOUNT DUE:</b>	<b>\$2,250.49</b>

Charges for Damages to:  
BELLSOUTH TELECOM.,INC DBA AT&T- GEORGIA

Occured/Discovered On or About: 04/03/2009

Approximate Location:  
3387 BANKHEAD HWY 200' EAST OF MAYNARD CT ON  
NORTH SIDE OF ROAD, ATLANTA, GA

*Breakdown of Charges on next page*

How Damage Occured:  
DIGGING TO REPLACE FIRE HYDRANT

**Call before you dig  
Call 811**

For Inquiries Call: 800-894-0374 or 800-363-3234 (FAX)

**This payment is due upon receipt.** If payment is not received within 30 days further collection action will be taken. IF A PAYMENT FOR LESS THAN THE FULL AMOUNT IS RECEIVED, IT WILL BE APPLIED AS A PARTIAL PAYMENT. **Please do not pay with telephone bill.**

If you are covered by insurance, please forward this to your carrier for payment. Once your claim has been established with your insurance company, please contact us at 800-894-0374 with your claim information, and we will work with your insurance company to resolve. AT&T accepts checks, money orders or credit card payments. We do not accept cash. Please complete the information below and return in the enclosed envelope or you may call 800-894-0374 to pay by phone.



**TOTAL AMOUNT DUE: \$2,250.49**

Amount enclosed: \$ \_\_\_\_\_

**Return this section with payment in enclosed envelope.**

Please write claim number on check or money order to ensure proper credit.

ATLANTA LAW DEPARTMENT  
Claim Number: BLST-61-200904-07-0030-OTT

**For credit card payment:**

Credit Card number: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Amount to be charged to your card: \_\_\_\_\_  
Three digit security number on back of card: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Remit Payment to:

AT&T  
909 Chestnut Street  
Room 39-N-13  
St. Louis, MO 63101-3099





10- R -0112

**Breakdown of charges (continued)**

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**LOSS OF USE**

DESCRIPTION	QUANTITY	UNIT COST	# OF DAYS	AMOUNT
POTS LOCAL EXCHANGE	200	1.83	1	\$366.00
			<b>Loss of use Sub-Total</b>	<b>\$366.00</b>

**Total Labor Cost, Materials, Contractor, Loss of Use, Other Items \$2,250.49**



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