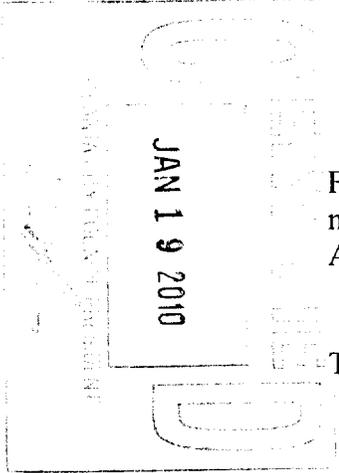


Entered - 8/7/09 - sb
CL- 09L0578 - Angelena Kelly

Claim of: David Stewart
Through his attorney
William Heitmann, III
3343 Peachtree Road, Suite 350
Atlanta, GA 30326

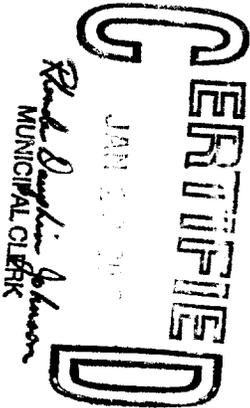


For damages alleged to have been sustained as a result of a motor vehicle accident on June 5, 2009 at Greenwood Avenue and Monroe Drive.

THIS ADVERSED REPORT IS APPROVED

BY: _____

[Signature]
JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 1/12/10

CHAIR: _____

[Signature]

[Signature]

[Signature]

JAN 19 2010



**CITY COUNCIL
ATLANTA, GEORGIA**

January 29, 2010

Mr. William Heitmann, III, Esquire
3343 Peachtree Road, Suite 350
Atlanta, Georgia 30326

10-R-0116

RE: David Stewart

Dear Mr. Heitmann, III

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her 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 client's 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.**

Yours very truly,



Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0578

Date: December 16, 2009

Claimant /Victim: David Stewart
BY:(Atty)(Ins. Co.) William Heitmann, III
Address: 3343 Peachtree Road, Suite 350, Atlanta, GA 30326
Subrogation: Claim for Property damage \$ Bodily Injury \$
Date of Notice: 7/23/09 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence: 6/5/09 Place: Greenwood Avenue and Monroe Drive
Department: Police Bureau: Office:
Employee involved: Disciplinary Action:

NATURE OF CLAIM: The claimant, a city employee, alleges that he was injured in a motor vehicle accident while on duty. However, as a city employee, his exclusive remedy for recovery against the City of Atlanta is through his Workers Compensation benefits.

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
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,

Angelena Kelly
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

FOY & ASSOCIATES

A PROFESSIONAL CORPORATION

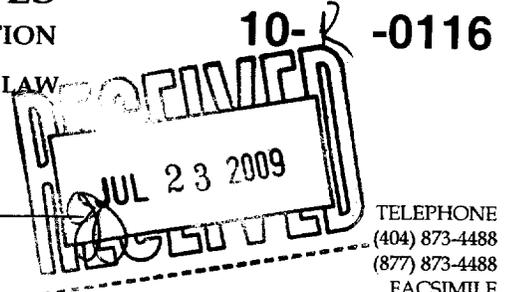
ATTORNEYS & COUNSELORS AT LAW

3343 PEACHTREE ROAD, N.E.

SUITE 350

ATLANTA, GEORGIA 30326

JOHN M. FOY
DARIUS E. BENNETT
WILLIAM F. HEITMANN, III
DUNCAN M. HARLE
HEATHER A. THORPE
PATTY K. KIM



TELEPHONE
(404) 873-4488
(877) 873-4488
FACSIMILE
(404) 873-4490

WWW.JOHNFOY.COM

July 22, 2009

ENTERED - 8-7-09 - SB
09L0578 - A. KELLY

City of Atlanta
68 Mitchell St. SW
Atlanta, GA 30303
Attn: Law Department

RE: Our Client(s): David Stewart
Your Insured: City of Atlanta
Date of Loss: June 05, 2009
Claim No.: Please Provide

gr
Kelly
08/06/09
[Signature]

Dear Sir or Madam:

This letter is a formal written notice to you of our representation and of our client's claim for injuries arising as a result of the above occurrence.

While we are still conducting our investigation, in order to comply with any notification requirements that may exist under the applicable policy, this will serve as official notice that our clients may make a claim under the uninsured/underinsured portion of this policy. We are sending this letter to fulfill notice requirements and we would appreciate your confirmation of the relevant policy limits within five (5) days. If the above policy does not provide UM coverage, please notify us in writing at your earliest opportunity.

Also, please advise the undersigned in written form as to the type and amount of benefits available, whether or not any Medical Payment Coverage or wage coverage exists, or if there are any deductibles applicable, and the number of vehicles on the policy.

Please direct all future communications and payments regarding this matter to FOY & ASSOCIATES, P.C. at the above address.

Very truly yours,

FOY & ASSOCIATES, P.C.

William F. Heitmann III

William F. Heitmann, III
Attorney at Law

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