

CLAIM OF: **DRAKE COGGINS**
4701 Flat Shoals Road #43-F
Union City, Georgia 30291

For damages alleged to have been sustained as a result of striking a damaged water manhole on September 30, 2009 at 718 Ponce de Leon Avenue, NE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

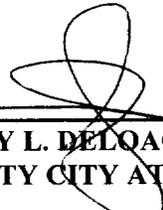
BE IT RESOLVED by the Council of the City of Atlanta that action of the Department of Law be approved in authorizing payment to **DRAKE COGGINS** the sum of **\$715.93** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of striking a damaged water manhole on September 30, 2009 at 718 Ponce de Leon Avenue, NE as is more particularly set forth in the within claim; said sum taken from and charged to account **5051.170201.5750002.4310000**.

FEB 01 2010

FEB 01 2010
Roger Bhandari
Acting City Attorney

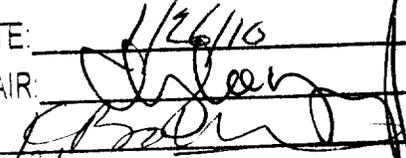
APPROVED: **ROGER BHANDARI**
ACTING CITY ATTORNEY

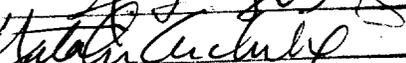


BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

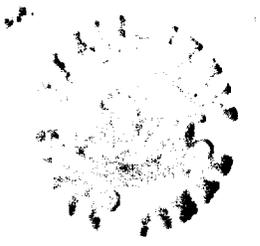
FAVORABLE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 1/26/10
CHAIR: 


ADOPTED BY
FEB 01 2010
COUNCIL



**MUNICIPAL CLERK
ATLANTA, GEORGIA**

10-R-0177

A RESOLUTION

**BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE**

BE IT RESOLVED BY the Council of the City of Atlanta that action of the Department of Law be approved in authorizing payment to **Drake Coggins** the sum of **\$715.93** as full and final settlement and satisfaction of all claims, past, present and future, of every kind and character, for property damages alleged to have been sustained as a result of **striking a damaged water manhole on September 30, 2009 at 718 Ponce De Leon Avenue NE** as is more particularly set forth in the within claim; said sum taken from and charged to Account **5051/170201/5750002/4310000**.

A true copy,

Deputy Clerk

**ADOPTED by the Atlanta City Council
APPROVED by Mayor Kasim Reed**

**FEB 01, 2010
FEB 09, 2010**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0815

Date: December 29, 2009

Claimant /Victim DRAKE COGGINS

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

Address: 4701 Flat Shoals Road #43-F Union City Georgia 30291

Subrogation: _____ Claim for Property damage \$ 1,411.33 Bodily Injury \$ _____

Date of Notice: 10/08/09 Method: Written, proper X Improper _____

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

Date of Occurrence 09/30/09 Place: 718 Ponce de Leon Avenue, NE

Department Watershed Management Bureau: Drinking Water Office: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained damages as a result of striking a damaged water manhole at 718 Ponce de Leon, NE. However, an investigation determined that the city was on notice of problem at this location, but failed to make repairs in a timely manner.

INVESTIGATION:

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

Pictures X 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 _____ Ministerial X

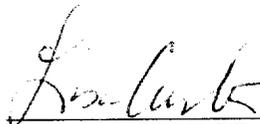
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

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

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

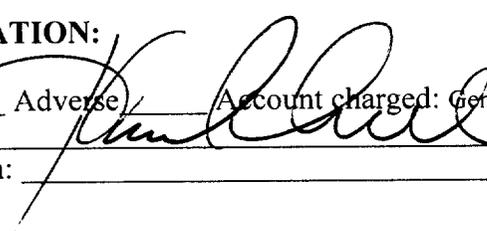
Respectfully submitted,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ 715.93 Adverse _____ Account charged: General Fund _____ Water & Sewer X Aviation _____

Claims Manager:  Concur/date 01/06/10

Committee Action: _____ Council Action _____

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

RE: CLAIM FOR DAMAGES

Today's Date: 10/8/09

ENTERED - 10-22-09 - SB
09L0815 - L. CARTER

Carter
10/22/09
R

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 715.93 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 9/30/09 2. Time of incident: 9:30 pm 3. Police called: No

4. Location of incident (including street address): Ponce de Leon

5. Name of your insurance company: State Farm Policy No. 3643741-A25-11A

6. State what and how incident occurred: I was riding down Ponce & hit a pothole near City Hall East and rite when I did I felt my passenger ^{back} tire went flat

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: (Chevy) (1996) 6253AKR Drake Caggins
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: n/a

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.

Drake Caggins
Signature of Claimant

Drake Caggins
(Print Claimant's Name)

4701 Flat Shoak Rd 43-F
(Address)

Union City GA, 30291
(City, State and Zip Code)

(4)886-0728 (7)964-9552
(Work Number) (Home Number)

10- R -0177

RCS# 42
2/01/10
2:07 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

ADOPT

YEAS: 13
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 2
EXCUSED: 0
ABSENT 1

B Smith	Y Archibong	Y Moore	Y Bond
NV Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	Y Willis
Y Winslow	Y Adrean	Y Sheperd	NV Mitchell

CONSENT I

ITEMS ADOPTED ON CONSENT	ITEMS ADVERSED ON CONSENT	02-01-10 ITEMS ADVERSED ON CONSENT
1. 10-O-0118 2. 10-O-0119 3. 10-O-0120 4. 10-O-0121 5. 10-O-0122 6. 10-O-0123 7. 10-O-0126 8. 10-O-0127 9. 10-O-0128 10. 10-O-0129 11. 10-O-0220 12. 10-O-0221 13. 10-O-0057 14. 10-O-0135 15. 10-R-0134 16. 10-R-0162 17. 10-R-0227 19. 10-R-0164 20. 10-R-0165 21. 10-R-0166 22. 10-R-0169 23. 10-R-0170 24. 10-R-0171 25. 10-R-0222 26. 10-R-0228 27. 10-R-0173 28. 10-R-0174 29. 10-R-0175 30. 10-R-0176 31. 10-R-0177 32. 10-R-0178 33. 10-R-0179 34. 10-R-0180 35. 10-R-0181	36. 10-R-0182 37. 10-R-0183 38. 10-R-0184 39. 10-R-0185 40. 10-R-0186 41. 10-R-0187 42. 10-R-0188 43. 10-R-0189 44. 10-R-0190 45. 10-R-0191 46. 10-R-0192 47. 10-R-0193 48. 10-R-0194 49. 10-R-0195 50. 10-R-0196 51. 10-R-0197 52. 10-R-0198 53. 10-R-0199 54. 10-R-0200 55. 10-R-0201 56. 10-R-0202 57. 10-R-0203 58. 10-R-0204 59. 10-R-0205	