

Entered - 10/29/09 - sb
CL - 09L0846 - ANGELENA KELLY

10-R -0365

Claim of: Delores Lundy
718 Grant Terrace
Atlanta, GA 30315

For damages alleged to have been sustained as a result of a
vehicular accident at 651 14th Street on May 29, 2009.

THIS ADVERSED REPORT IS APPROVED

BY: _____

JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 2/23/10

CHAIR: [Signature]

[Signature]

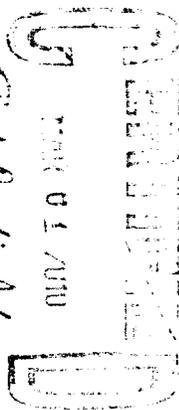
[Signature]

[Signature]

[Signature]

MAR 01 2010

Handwritten signature



MAR 01 2010

ADVERSED BY
OFFICIAL



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON
MUNICIPAL CLERK

55 TRINITY AVENUE, S W
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6030
FAX (404) 658-6273

March 9, 2010

Ms. Delores Lundy
718 Grant Terrace
Atlanta, Georgia 30315

10-R-0365

Dear Ms. Lundy

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 March 1, 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
Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0846

Date: January 26, 2010

Claimant /Victim Delores Lundy

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

Address: 718 Grant Terrace, Atlanta, GA 30315

Subrogation: _____ Claim for Property damage \$ 1,849.26 Bodily Injury \$ _____

Date of Notice: 10/28/09 Method: Written, proper _____ X _____ Improper _____

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

Date of Occurrence: 5/29/09 Place: 651 14th Street

Department: Watershed Management Bureau: Drinking Water Office: _____

Employee involved: _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that her vehicle sustained damage while parked at the above location. The investigation determined that the claimant's damage resulted from an act of vandalism. The city is not responsible for the tort actions of third parties.

INVESTIGATION:

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

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

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____ X _____

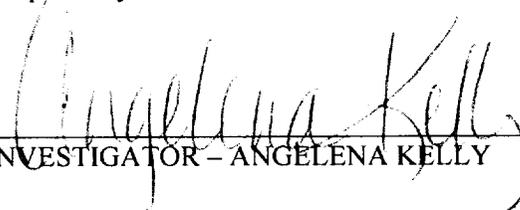
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

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

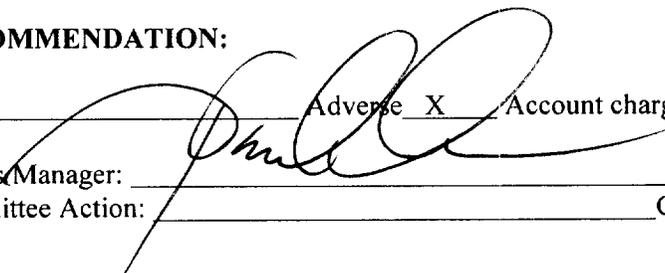
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ANGELENA KELLY

RECOMMENDATION:

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

Claims Manager:  Concur/date 02/10/10

Committee Action: _____ Council Action _____

Kelly
10/28/09
[Signature]

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

RE: CLAIM FOR DAMAGES

Today's Date: 10-20-09

ENTERED - 10-29-09 - SB
09L0846 - A. KELLY

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$1,000.00 property and/or \$849.26 bodily injury for which I contend the City is liable.

1. Date of incident: 5-29-09 2. Time of incident: 6^{am}-3^{pm} 3. Police called: Yes (No Show)
4. Location of incident (including street address): 651-14th St
5. Name of your insurance company: State Farm Policy No. _____
6. State what and how incident occurred: Report to work @ 7am
Park care at Back Lane and went
inside building to work. Got off
went home and that when neighbor told me
someone has hit my car
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: Ford 2005 BW4447 Dezores Lundy
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Edco Water
(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.

Dezores Lundy
Signature of Claimant

Dezores Lundy
(Print Claimant's Name)

718 Court Tower SE
(Address)

Atlanta Ga 30315
(City, State and Zip Code)

4-658-7220 Cell 4-671-5031
(Work Number) (Home Number)

10-R-0365

		03-01-10
ITEMS ADOPTED ON CONSENT	ITEMS ADOPTED ON CONSENT	ITEMS ADVERSED ON CONSENT
1. 10-O-0275	36. 10-R-0350	42. 10-R-0356
2. 10-O-0276	37. 10-R-0351	43. 10-R-0357
3. 10-O-0277	38. 10-R-0352	44. 10-R-0358
4. 10-O-0278	39. 10-R-0353	45. 10-R-0359
5. 10-O-0279	40. 10-R-0354	46. 10-R-0360
6. 10-O-0289	41. 10-R-0355	47. 10-R-0361
7. 10-O-0290		48. 10-R-0362
8. 10-O-0291		49. 10-R-0363
9. 10-O-0292		50. 10-R-0364
10. 10-O-0293		51. 10-R-0365
11. 10-O-0294		52. 10-R-0366
12. 10-O-0296		53. 10-R-0367
13. 10-O-0241		54. 10-R-0368
14. 10-O-0307		55. 10-R-0369
15. 10-R-0334		56. 10-R-0370
16. 10-R-0335		57. 10-R-0371
17. 10-R-0390		58. 10-R-0372
19. 10-R-0395		59. 10-R-0373
20. 10-R-0407		60. 10-R-0374
21. 10-R-0411		61. 10-R-0375
22. 10-R-0394		62. 10-R-0376
23. 10-R-0396		63. 10-R-0377
24. 10-R-0338		64. 10-R-0378
25. 10-R-0339		65. 10-R-0379
26. 10-R-0340		66. 10-R-0380
27. 10-R-0341		67. 10-R-0381
28. 10-R-0342		68. 10-R-0382
29. 10-R-0343		69. 10-R-0383
30. 10-R-0344		70. 10-R-0384
31. 10-R-0345		71. 10-R-0385
32. 10-R-0346		
33. 10-R-0347		
34. 10-R-0348		
35. 10-R-0349		