

10-R-0441

Entered - 2/15/10 - sb  
CL - 10L0140 - Angelena Kelly

Claim of: Colvino Pierre  
2544 West Road  
College Park, GA 30296

For damages alleged to have been sustained as a result of driving  
over a pothole on January 16, 2010 at Virginia Avenue, East  
Point.

MAR 15 2010

THIS ADVERSED REPORT IS APPROVED

BY: \_\_\_\_\_  
**JERRY L. DELOACH**  
**DEPUTY CITY ATTORNEY**



### ADVERSE REPORT

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE: 3/9/10

CHAIR: [Signature]

Yaduan  
[Signature]

RECEIVED  
MAR 15 2010  
JERRY L. DELOACH  
DEPUTY CITY ATTORNEY

MAR 15 2010  
ADVERSED BY  
CHV



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 19, 2010

Mr. Colvino Pierce  
2544 West Road  
College Park, Georgia 30349

**10-R-0441**

Dear Mr. Pierce

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 15, 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. 10L0140

Date: February 19, 2010

Claimant /Victim: Colvino Pierre

BY:(Atty)(Ins. Co.) \_\_\_\_\_

Address: 2544 West Road, College Park, GA 30296

Subrogation: \_\_\_\_\_ Claim for Property damage \$ \_\_\_\_\_ Bodily Injury \$ \_\_\_\_\_

Date of Notice: 2/10/10 Method: Written, proper  Improper \_\_\_\_\_

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

Date of Occurrence: 1/16/10 Place: Virginia Avenue, East Point, GA

Department: \_\_\_\_\_ Bureau: \_\_\_\_\_ Office: \_\_\_\_\_

Employee involved: \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges that his vehicle sustained damage when he drove over a pothole at the above location. However, the investigation determined that this location is outside of the City of Atlanta limits and is located in the City of East Point. The claimant has been advised to pursue his claim with the City of East Point.

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 \_\_\_\_\_

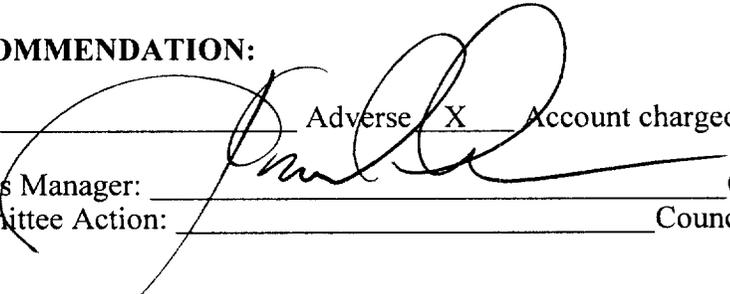
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ANGELENA KELLY

RECOMMENDATION:

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

Claims Manager:  Concur/date 02/22/10

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

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

RECEIVED  
OFFICE OF  
MUNICIPAL CLERK  
2010 FEB 10 AM 9:43

RE: CLAIM FOR DAMAGES

Today's Date: 2/8/2010

ENTERED - 2-15-10 - SB  
10L0140 - A. KELLY

Dear Municipal Clerk:

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

*l Kelly*  
*2/10/10*

- 1. Date of incident: 1/16/10 2. Time of incident: 21:46 3. Police called: yes
- 4. Location of incident (including street address): Virginia Ave East Point Ga 30340
- 5. Name of your insurance company: Geico Policy No. 4179488962
- 6. State what and how incident occurred: Ex off a Virginia Ave Ramp  
a pat hit ald in eye causing damage the my  
tree

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: KIA 2008 Colvino Pierre  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: Rivedale Ga colvino Pierre  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Mary Smith

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.

*X* *Colvino Pierre*  
Signature of Claimant

Colvino Pierre  
(Print Claimant's Name)

2544 West Rd Colley Park Ga.  
(Address)

2544 West Rd  
Rivedale Ga 302  
(City, State and Zip Code)

770969-0200  
(Work Number) (Home Number)

RCS# 124  
3/15/10  
2:18 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

ADOPT

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

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

CONSENT I