

10- R -0443

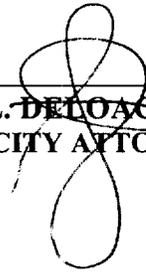
Entered - 11/18/09 - sb
CL - 09L0892 - ANGELENA KELLY

CLAIM OF: Blake Eiseman
3951 Brockett Walk
Tucker, GA 30084

For damages alleged to have been sustained as a result of driving
over a failed construction cut on October 14, 2009 at 2429 North
Druid Hills.

THIS ADVERSED REPORT IS APPROVED

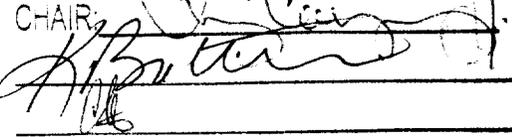
MAR 15 2010

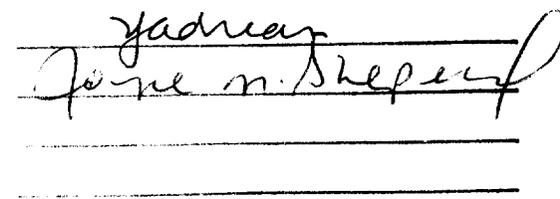
BY: _____

JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 3/9/10

CHAIR: 



RECEIVED
MAY 15 2010

MAR 15 2010
ADVERSED BY
CITY ATTORNEY



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. Blake Eiseman
3951 Brockett Walk
Tucket, Georgia 30084

10-R-0443

Dear Mr. Eiseman

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, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0892

Date: February 18, 2010

Claimant /Victim: Blake Eiseman

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

Address: 3951 Brockett Walk, Tucker, GA 30084

Subrogation: _____ Claim for Property damage \$ 348.28 Bodily Injury \$ _____

Date of Notice: 11/5/09 Method: Written, proper Improper _____

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

Date of Occurrence: 10/14/09 Place: 2429 North Druid Hills

Department: _____ Bureau: _____ Office: _____

Employee involved: _____ Disciplinary Action: _____

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

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 _____

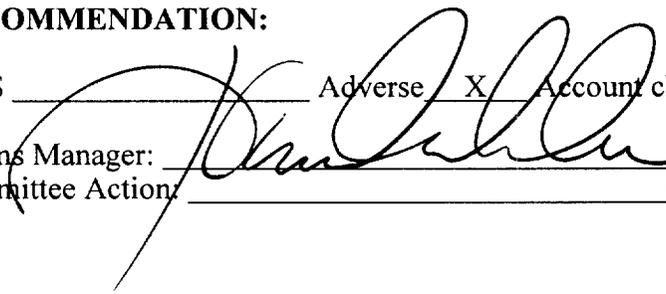
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ANGELENA KELLY

RECOMMENDATION:

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

Claims Manager:  Concur/date 12/25/10

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
2009 NOV -5 PM 1:59

RE: CLAIM FOR DAMAGES

Today's Date: 11-5-09

Dear Municipal Clerk:

ENTERED - 11-18-09 - SB
09L0892 - A. KELLY

Kelly
11/13/09
[Signature]

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 348.28 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 10-14-09 2. Time of incident: 12:30PM 3. Police called: NO
4. Location of incident (including street address): N. DEWID HILLS RD. JUST NORTH OF LAUSTA
5. Name of your insurance company: TRAVELERS Policy No. 979034425
6. State what and how incident occurred: IT WAS RAINING HEAVILY, AND I WAS TRAVELING NORTH ON N. DEWID HILLS RD. TOWARD I-85, SHORTLY AFTER LAUSTA RD. I HIT A LARGE HOLE IN THE MIDDLE OF THE ROAD, DAMAGING MY LEFT FRONT TIRE. I CALLED AUDI'S ROADSIDE ASSISTANCE
(CONTINUED ON BACK)
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: AUDI TT 2008 60F 9718 BLAKE EISEMAN
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: RICK FUNCK 404-784-2846

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.

[Signature]

Signature of Claimant

BLAKE EISEMAN
(Print Claimant's Name)

3951 BROCKETT WALK
(Address)

TUCKER, GA 30084
(City, State and Zip Code)

678-572-5711 770-496-1524
(Work Number) (Home Number)

(CONTINUED)

AND THEY TOWED ME TO THE DEALERSHIP, WHERE I INCURRED A CHARGE OF \$318.29 TO REPLACE THE TIRE. THE NEXT DAY THERE WAS A WORK CREW IN THE AREA, DIGGING AND WORKING ON SECTIONS OF THE ROADWAY. AT THIS POINT I REALIZED THE HOLE WAS MADE BY THE WORK CREW, AND THEY FAILED TO PATCH IT OR BLOCK IT OFF WHEN THEY TOOK THE DAY OFF DUE TO RAIN. THEY CONTINUED WORKING IN THAT AREA FOR SEVERAL WEEKS.

10- R -0443

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