

Entered - 02/25/10 - sb  
CL10L0194- DIANNE C. MITCHELL

10-R-1030

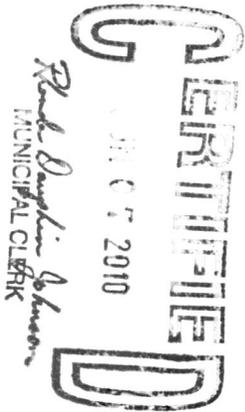
CLAIM OF: WILLIE H. BROWN  
198 Upshaw Street  
Atlanta, GA 30315

For damages alleged to have been sustained as a result  
the loss of a vending location on February 15, 2002 at  
521 Hank Aaron Boulevard.

THIS ADVERSED REPORT IS APPROVED

BY:

JERRY L. DELOACH  
DEPUTY CITY ATTORNEY



**ADVERSE REPORT**

PUBLIC SAFETY &  
LEGAL ADMINISTRATION COMMITTEE

DATE: 6/1/10

CHAIR: [Signature]

[Signature]  
[Signature]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3 years - Youngs, Adrean, Bottoms  
1 day - Martin

ADVERSED



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

June 22, 2010

Mr. Willie H. Brown  
198 Upshaw Street  
Atlanta, Georgia 30315

**10-R-1030**

Dear Mr. Brown

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 June 7, 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. 10L0194

Date: April 30, 2010

Claimant /Victim WILLIE H. BROWN

BY:(Atty)(Ins. Co.)

Address: 198 Upshaw Street, Atlanta, Georgia 30315

Subrogation: Claim for Property damage \$ 307,459.00 Bodily Injury \$

Date of Notice: 02/23/2010 Method: Written, proper X Improper

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

Date of Occurrence 02/15/2002 Place: 521 Hank Aaron Boulevard

Department Public Works Division:

Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges loss of income due to the loss of his vending location on the above date at the above location. However, the claim as presented does not comply with the requirements of notice as set forth in §36-33-5, in that the six month statute of limitations expired prior to receipt of the claim.

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 X Ministerial

Improper Notice More than Six Months X 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,

[Handwritten signature of Dianne C. Mitchell]

INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

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

Claims Manager: Concur/date 4/30/10

Committee Action: Council Action

RECEIVED  
OFFICE OF  
MUNICIPAL CLERK

Mitchell  
02/23/10  
*[Signature]*

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
CITY HALL  
55 Trinity Avenue, S.W, Suite 2700  
Atlanta, Georgia 30303

RE: CLAIM FOR DAMAGES

Today's Date: 2/23/10

ENTERED - 2-25-10 - SB  
10L0194 - D. MITCHELL

Dear Clerk of Council:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 307,459 prop  
and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 2002/2009 (month/day/year) 2. Police called: \_\_\_\_\_ Yes No

3. Location of incident: 521 HANK ARROW Bld. 6-10

4. Name of your insurance company: \_\_\_\_\_ Policy No. \_\_\_\_\_

5. State what and how incident occurred: LOST VENDING LOCATION IN 2/15/02  
ORDINANCE - 93-0-1278  
93-0 1871

**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!**

7. 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 (copy of the current tag receipt or title).

8 Your vehicle: \_\_\_\_\_  
(make) (year) (tag number) (driver's name)

9. City vehicle: \_\_\_\_\_  
(make) (City driver's name) (department/bureau)

10. Witness: \_\_\_\_\_  
(name) (address) (telephone number)

The acknowledgement of this claim in no way waives the Governmental 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).

This claim should be mailed immediately to the address shown above.

**I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Willie D. Brown  
(claimant's name)

198 upshaw st  
(address)

ATLANTA GA 30315  
(city and state)

4/317-1758  
(work number) (home number)

10- R -1030

RCS# 291  
6/07/10  
3:38 PM

Atlanta City Council

REGULAR SESSION

10-R-1030

CLAIM OF WILLIE H. BROWN FOR ALLEGED  
DAMAGES FOR LOSS OF VENDING LOCATION  
ADVERSE

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

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

10-R-1030