

Entered - 11/25/09 - sb
CL- 09L0934 - Angelena Kelly

10- R -0855

Claim of: **Ron Tusso**
4060 Peachtree Road, D - 170
Atlanta, GA 30319

For damages alleged to have been sustained as a result of a sewer back-up on November 10, 2009 at 1850 Memorial Drive.

THIS ADVERSED REPORT IS APPROVED

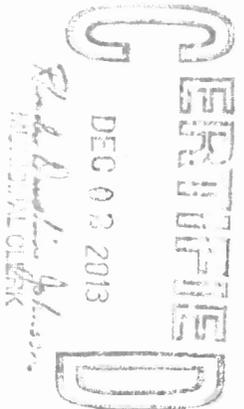
BY: _____
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 5/11/10 →
CHAIR: _____

*Hold for review by
Law Department*



AUTOMATICALLY TERMINATED
AND
FILED BY CLERK
PER CHARTER SECTION 2-407

DEC 02 2013

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0934

Date: April 26, 2010

Claimant /Victim: Ron Tuso
BY:(Atty)(Ins. Co.)
Address: 4060 Peachtree Road, D - 170, Atlanta, GA 30319
Subrogation: Claim for Property damage \$ 12,288.66 Bodily Injury \$
Date of Notice: 11/24/09 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence: 11/10/09 Place: 1850 Memorial Drive
Department: Watershed Management Bureau: Wastewater Treatment and Collections Office:
Employee involved: Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that his property was damaged due to a sewer back-up. The investigation determined that the City had no notice of any problems prior to the claimant's incident.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures 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 X Ministerial
Improper Notice More than Six Months Other X 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,

Angelena Kelly
INVESTIGATOR - ANGELENA KELLY

RECOMMENDATION:

Pay \$ Adverse X Account charged: General Fund Water & Sewer Aviation
Claims Manager: Concur/date
Committee Action: Council Action

Kelly
11/24/09
R

CITY OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30336

RE: CLAIM FOR DAMAGES

Today's Date: 11-17-09

ENTERED - 11-25-09 - SB
09L0934 - A. KELLY

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 12,288.66 property and /or 0 bodily injury for which I contend the City is liable.

1. Date of incident: 11/10/09 2. Time of Incident: 10:00PM 3. Police called: N/A
(month/day/year) Yes No

4. Location of incident (including street address): 1850 MEMORIAL DR. ATLANTA 30317

5. Name of your insurance company: N/A Policy No. ---

6. State what and how incident occurred: CITY SEWAGE BACKED UP AND ENTERED THE PROPERTY THROUGH LOWER LEVEL TOILET AND BATHING SEWAGE FLOODED 80% OF LIVING SPACE.

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 (copy of the current tag receipt or title).

Your vehicle: N/A
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: N/A
(Name) (Address) (Telephone Number)

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

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

[Signature]
Signature of Claimant

Ross Tuso
(Print Claimant's Name)

4060 Peachtree Rd D-170
(Address)

ATLANTA GA 30319
(City, State and Zip Code)

404) 295-9169 404) 295-9169
(Work Number) (Home Number)