A RESOLUTION

BY PUBLIC SAFETY & LEGAL ADMINISTRATION COMMITTEE

01-R-0145

A RESOLUTION AUTHORIZING THE SETTLEMENT OF THE CLAIM OF BARBARA MASON IN THE AMOUNT OF $2,424.21 AGAINST THE CITY OF ATLANTA

WHEREAS, BARBARA MASON, has filed a claim against the City of Atlanta seeking damages to her vehicle; and

WHEREAS, the damage to BARBARA MASON'S vehicle occurred when she drove over a metal plate that was not properly secured to the roadway; and

WHEREAS, the construction and maintenance of public roads is a ministerial function and therefore this claim is not subject to a defense of sovereign immunity under the laws of the State of Georgia; and;

WHEREAS, the claimant has asserted damages in the amount of $2,424.21 and has agreed to accept this sum in full and complete satisfaction and settlement of her claim against the City of Atlanta; and

WHEREAS, the City Attorney has recommended that the claim of BARBARA MASON, be settled for the sum of $2,424.21.

THEREFORE, BE IT RESOLVED that the Council of the City of Atlanta, Georgia that $2,424.21 be paid by the City of Atlanta to BARBARA MASON, in satisfaction of any and all claims she may have stemming from damages sustained to her vehicle on or about August 24, 2000 at Pryor Street, SW & Mitchell Street, SW and that the City Attorney prepare appropriate releases.

BE IT FURTHER RESOLVED that the Chief Financial Officer is hereby authorized to pay the above mentioned sum from account number 2J01/529017/T31001.

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0500 Date: January 19, 2001

Claimant /Victim BARBARA MASON
BY: (Atty) (Ins. Co.)
Address: 1327 Pixley Drive, Riverdale, Georgia 30296
Subrogation: _____ Claim for Property damage $ 2,424.21 Bodily Injury $ _____
Date of Notice: 8/28/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/24/00 Place: Pryor Street, SW & Mitchell Street, SW
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant's vehicle sustained damage when she drove over a sanitary sewer metal plate that was not properly secured to the roadway.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
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 X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay $ 2,424.21 Adverse Account charged: 1A01 _____ 2J01 X 2H01 _____
Claims Manager: _____ Concur/date 01-19-01
Committee Action: _____ Council Action _____

FORM 23-61

RECEIVED AUG 28 2000

BURNS 08/28/00

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8-25-00

ENTERED – 8-28-00 – SB
00L0516 – GWEN BURNS

Dear Municipal Clerk:

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

1. Date of incident: 08-24-00 (month/day/year) 2. Time of Incident: 4:00 PM 3. Police called: _____ Yes _____ No

4. Location of incident (including street address): Corner of Mitchell and Pryor

5. Name of your insurance company: GEICO Policy No. _____

6. State what and how incident occurred: I was driving South on Pryor street I stopped for the red light in front of the State Court when the light changed I proceeded through the light but was quickly stopped and my car twisted to one side the hit. Over

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: Chyler New Yorker 1991 _____ Barbara A. Mason
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: NO
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Jerre Brumbelow National Parks Svc 404 562-3163 EX566
(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.

Barbara Mason
Signature of Claimant

fax 404-657-3624

Barbara Mason
(Print Clamaint's Name)

1327 Pixley Drive
(Address)

Riverdale, GA 30296
(City, State and Zip Code)

404 657-3553 770 991-032
(Work Number) (Home Number)