Entered - 7-17-98 sb
CL - 98L0481 ALEXIS HOLMES

01-R-0404

CLAIM OF: **JOHN C. WOODS**
P.O. Box 864
Austell, Georgia 30168

For damages alleged to have been sustained as a result of vehicular damage due to objects in the roadway on November 27, 1997 at Sylvan Road near Astor Avenue.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **John C. Woods** the sum of **$1,150.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of vehicular damage due to objects in the roadway on November 27, 1997 at Sylvan Road near Astor Avenue** as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: Rosalind R Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0481 Date: 2/26/01

Claimant /Victim JOHN C. WOODS
BY: (Atty) _____
Address: P.O. Box 864 Austell, Georgia 30168
Subrogation: _____ Claim for Property damage $ 1,150.00 Bodily Injury $ _____
Date of Notice: 5/26/98 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/27/97 Place: Sylvan Road and Astor Avenue
Department Public Works Division: Highway and Streets
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that he sustained vehicular damage as a result of hitting some metal objects that in that were in roadway that caused extensive damage to his vehicle. Also, the claimant alleges that barricades around the work site were not visible.

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written X 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 _____ 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,

Alexis Holmes
INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay $ 1,150.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager: _____ Concur/date 02-28-01
Committee Action: _____ Council Action _____

FORM 23-61

✓ 4th notice 3/98 AGO
2nd notice

ENTERED - 7-17-98 - SB
98L0481 - ANTHONY OATIS

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

RE: CLAIM FOR DAMAGES

7-13

Today's Date: 5-26-98

OATIS
7/14/98

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of $ 1,150.00 property and/or $ — bodily injury for which I contend the City is liable.

1. Date of incident: Nov 27 98 (month/day/year) 2. Time of Incident: 2145 3. Police called: X Yes ___ No

4. Location of incident (including street address): SYLAN ROAD & ASTOR AVE.

5. Name of your insurance company: PREFERRED RISK Policy No. 03503804 5

6. State what and how incident occurred: On November 27, 1998, at approximately 9:15 A.M. Marjorie Woods was driving a 1998 Volvo. After making a left turn from Astor Ave. onto Sylvan Road, she hit some metal objects that was on the road causing a busted tire, busted rim, front-in shocks broken, and busted shocks. Total damage cost. Barricades not visible. $1,107.00

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: VOLVO S70 1998 NO TAG MARJORIE WOODS
(Make) (Year) (Tag Number) (Driver's Name)

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

9. Witness: _____
(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.

John C. Woods
Signature of Claimant

John C. Woods
(Print Clamaint's Name)

P.O. BOX 864
(Address)

AUSTELL, GA 30168
(City, State and Zip Code)

~~404 853 4240 EXT. 5189~~
(Work Number) (Home Number)
770-424-4938 (H)

01- R-0404