Entered - 10-20-00 - sb
CL 00L0633 - GWENDOLYN BURNS

CLAIM OF:

WILLIE L. BURKS
2876 Cohassett Lane
Decatur, Georgia 30034

01- R -0949

For vehicular damages alleged to have been sustained from a construction cut in the roadway that was left open and in an unsafe condition on August 17, 2000 at 99 2nd Avenue.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell by Robin N. Cy ACA
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0633 Date: June 6, 2000

Claimant /Victim WILLIE L. BURKS
BY: (Atty) (Ins. Co.) _____
Address: 2876 Cohassett Lane, Decatur, Georgia 30034
Subrogation: _____ Claim for Property damage $ 390.37 Bodily Injury $ _____
Date of Notice: 10/19/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/17/00 Place: 99 2nd Avenue
Department _____ Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove over a construction cut in the roadway that was not properly covered and left in an unsafe condition. An investigation determined that United Water Services Atlanta performed work at the incident location. The claimant's claim has been forwarded and resolved by United Water Services Atlanta.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
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 X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,

Gwendolyn Burns
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay $ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager: _____ Concur/date 06-15-01
Committee Action: _____ Council Action _____

FORM 23-61

RECEIVED OCT 19 2000
BURNS 10/19/00

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: 10-6-00

ENTERED - 10-20-00 - SB
00L0633 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of $ $390.37 property and/or $ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 8-17-00 (month/day/ year) 2. Time of Incident: 1 P.M 3. Police called: ____ Yes ✓ No
4. Location of incident (including street address): 992nd Ave - Atlanta, GA
5. Name of your insurance company: Sun State Ins. Group Policy No. PPA1023302-01
6. State what and how incident occurred: Going down Street (992nd Ave) And hit hole in Street

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: Lincoln Town Car (Make) 1992 (Year) 2666 DY (Tag Number) Willie L Burks (Driver's Name)

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

9. Witness: Eulane Housworth (Name) 99 2nd Ave SE (Address) 404-373-9896 (Telephone Number)

10. The acknowledgment 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.

Willie L. Burks
Signature of Claimant

Willie L. Burks
(Print Claimant's Name)

2876 Cohassett Lane
(Address)

Decatur, GA 30034
(City, State and Zip Code)

404-243-3206
(Work Number) (Home Number)

01- R -0949