Entered - 6-15-99 - sb
CL 99L0366 - ALEXIS HOLMES

CLAIM OF: **KATIE M. FELTS**
2504 Alton Road
Atlanta, Georgia 30305

01- R-1758

For vehicular damages alleged to have been sustained as a result of driving over an unsecured construction site on March 13, 1999 at West Wesley and Dawn View Lane.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0366 Date: 10/12/01

Claimant /Victim KATIE M. FELTS
BY: (Atty) _____
Address: 2504 Alton Road
Subrogation: _____ Claim for Property damage $ 570.63 Bodily Injury $ _____
Date of Notice: 6/1/99 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 3/13/99 Place: West Wesley and Dawn View Lane
Department _____ Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained vehicular damages after she drove her vehicle over an unsecured construction site. However, the construction at this location was performed by an independent builder therefore, the claimant's damages are the responsibility of builder and not the City of Atlanta. The claimant has been referred to the builder for resolution of her claim.

INVESTIGATION:

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

Alexis Holmes
INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay $ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager: _____ Concur/date 10/16/01
Committee Action: _____ Council Action _____

FORM 23-61

-01-99P05:19 RCVD

Reeves
06/14/99

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

JUN - 1 1999
MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: 5-19-99
ENTERED - 6-15-99 - SB
99L0366 - MIKE REEVES

(enclosed receipts)

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of $ 570.63 property and/or $ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 03/13/99 (month/day/year) 2. Time of Incident: 11.30 PM 3. Police called: _____ Yes (No)

4. Location of incident (including street address): Intersection of West Wesley + Dawn View (Buckhead Fulton County)

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

6. State what and how incident occurred: My father was driving my car on West Wesley traveling east and hit an uncovered ditch which blew out both left tires. This car was one of 3 that had to pull over with tire damage. The next morning they had covered part of the ditch with a metal plate. Neither that plate, nor the cone were in place that prior evening

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: Lexus (Make) 1998 (Year) 771 NDN (GA) (Tag Number) James G McKernan (father) (Driver's Name)

City vehicle: _____ (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.

Katie M. Felts
Signature of Claimant

Katie M. Felts
(Print Clamaint's Name)

2504 Alton Rd
(Address)

Atlanta, GA 30305
(City, State and Zip Code)

(678) 297-3507 (Work Number) (404) 355 2442 (Home Number)

01- R-1758