Entered -09-14-01 - sb
CL 01L0567 - GWENDOLYN BURNS

CLAIM OF: **01- R-1772**

MELVIN U. MITCHELL
2140 Enon Mill Drive
Atlanta, Georgia 30331

For vehicular damages alleged to have been sustained when a rock was thrown from a weedeater and shattered a side mirror on July 26, 2001 at Barge Road, SW & Greenbriar Parkway, SW.

THIS ADVERSED REPORT IS
APPROVED

BY: Rosalind Rubens Newell by Robin N. Long DCA
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0567 Date: October 8, 2001

Claimant /Victim MELVIN U. MITCHELL
BY: (Atty) (Ins. Co.) _____
Address: 2140 Enon Mill Drive, Atlanta, Georgia 30331
Subrogation: _____ Claim for Property damage $ 95.00 Bodily Injury $ _____
Date of Notice: 8/27/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 7/26/01 Place: Barge Road, SW & Greenbriar Parkway, SW
Department PUBLIC WORKS Division Solid Waste Services - Grass Cutting
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that the side mirror of his vehicle was shattered when it was struck by a rock that was thrown from a weed eater during a grass cutting project by city workers. However, the City is immune from liability as set forth in O.C.G.A. §36-33-1.

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 _____ 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,

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay $ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 ___
Claims Manager: _____ Concur/date 10-18-01
Committee Action: _____ Council Action _____

FORM 23-61

BURNS
09/12/01

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

RECEIVED
AUG 27 2001
MUNICIPAL CLERK

RE: CLAIM FOR DAMAGES

Today's Date: 8-12-01

ENTERED - 9-14-01 - SB
01L0567 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of $ 95.00 for property and/or $ 0 for bodily injury for which I contend the City is liable.

1. Date of incident 7-26-01 (Month/Day/Year) 2. Time of incident 11:30 AM 3. Police called ___ Yes ✓ No

4. Location of incident (including street address): Barge Rd & Greenbriar Pkwy.

5. Name of your insurance company: State Farm Policy No: 156 9921-F17-17B D

6. State what and how the incident occurred: Worker's with Lawn Mowers were cutting grass, a truck hit side mirror and shattered it.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEIND 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: 1998 Mitsubishi montero sport (Make) (Year) (Tag Number) Melvin mitchell (Driver's Name)

City Vehicle: Large Green Truck (Make) Willie Peter Gunn (City Driver's Name) RT. Supervisor (Department/Bureau) - Solid Waste Services

9. Witness: Workers at Site with Mr. Gunn (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 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.

Melvin mitchell
Signature of Claimant

Melvin U. Mitchell
Print Claimant's Name

2140 Enon Mill Dr.
Address

Atlanta, GA 30331
City, State and Zip Code

Same
Work Number

(404) 349-5544
Home Number

01-R-1772