

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 14L0618

Date: September 5, 2014

Claimant /Victim DORIS EASTERWOOD

BY: (Atty) (Ins. Co.)

Address: 1993 Sandcreek Drive SW Atlanta, Georgia 30331

Subrogation: Claim for Property \$ 226.10 Bodily Injury \$

Date of Notice: 8/20/14 Method: Written, Proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 7/29/14 Place: 3201 Martin Luther King Jr. Drive (Adamsville Recreation Center)

Department PARKS AND RECREATION Bureau: Office: Recreation

Employee involved Disciplinary Action:

NATURE OF CLAIM: Claimant alleges property damage sustained when an unknown male threw a brick through her automobile window. The investigation determined that this is a vandalism incident and the City is not responsible for the actions of a third party.

INVESTIGATION:

Statements: City employee Claimant X Others Written Oral X

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 X 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,

Lauren Smith
INVESTIGATOR - LAUREN SMITH

RECOMMENDATION:

Pay \$ Adverse X Account charged: General Fund Water & Sewer Aviation

Claims Director/Manager: Concur/date 9/11/14

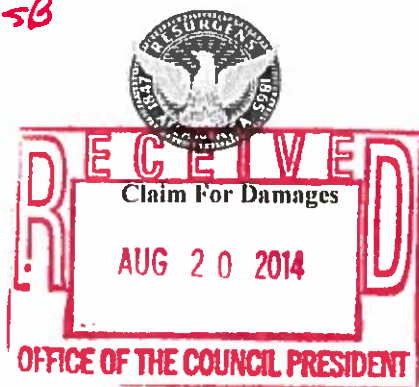
Deputy City Attorney: Concur/date 9/23/14

Committee Action: Council Action

RECEIVED

AUG 21 2014

REC'D



Assign to JSE (C/C) 8/29/14

OFFICE OF THE MAYOR
City of Atlanta
55 Trinity Avenue, SW
Suite 2400
Atlanta, Georgia 30303

PRESIDENT OF CITY COUNCIL
City of Atlanta
55 Trinity Avenue, SW
Suite 2900
Atlanta, Georgia 30303

RECEIVED
AUG 21 2014
CITY OF ATLANTA
DEPT OF LAW

Dear Mayor or President of Atlanta City Council:

ENTERED - 9-2-14 - SB
14L0618 - J. EDMONDS

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 250 property damage and/or \$ 2 bodily injury for which I contend the City is liable. A specific amount of damages must be stated.

- 1. Date of incident: 8/29/14 2. Time of incident: 1:15 PM 3. Police called: YES/NO Report # 142101707
- 4. Location of incident (including street address): Adamsville 3001 M.L.King Jr Dr. SW Atlanta GA
- 5. Name of your insurance company: Allegheny Policy No. _____ / Claim# _____ Phone _____
- 6. State what and how incident occurred: Police did not exceed my deductible

over → that was part of the facility while attending work. Over 2000 class hours. Man threw a brick thru passenger side of back window. Facility has sign on site.

- 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.

Your vehicle: Nissan Altima 2013 Doris L. Easterwood 404 346-1126
(Make) (Year) (Tag Number) PMC 8996 (Driver's Name -Phone)

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

9. Witness: _____ Phone _____

- 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. Claims must be received within 6 months from the date of the event. This completed form must be received by personal delivery or certified mail or overnight statutory delivery upon the Mayor or President of the City Council.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Doris L. Easterwood
(Signature of Claimant)

deasterw@comcast.net
(Email address of Claimant)

Doris L. Easterwood
(Print Claimant's Name)
1993 Southcrest Dr SW
(Address)
Atlanta, GA 30331
(City, State and Zip Code)
678.112.0113 404.346.1126
(Work Number) (Home Number)