

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 14L0454

Date: September 12, 2014

Claimant /Victim MOHAMMAD O. TOMEH

BY:(Atty)(Ins. Co.) \_\_\_\_\_

Address: 5385 N. Powers Ferry Road NW, Atlanta, GA 30327

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 800.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 6/13/14 Method: Written, proper  Improper \_\_\_\_\_

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

Date of Occurrence June 2014 Place: 384 16<sup>th</sup> Street NW Unit # 1

Department: PUBLIC WORKS Bureau: \_\_\_\_\_ Office: Solid Waste

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges property damage sustained when a City vehicle drove over his driveway. The investigation determined the claimant has failed to present information to substantiate the City was at his residence.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant  Others \_\_\_\_\_ Written \_\_\_\_\_ Oral

Pictures  Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other \_\_\_\_\_

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  Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - WARREN HAYES

RECOMMENDATION:

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

Claims Director/Manager: [Signature] Concur/date 9/18/14

Deputy City Attorney: [Signature] Concur/date 9/23/14

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

RECEIVED  
OFFICE OF  
MUNICIPAL CLERK

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
33 Trinity Avenue, SW  
Atlanta, Georgia 30303

JUN 13 AM 8:22

Today's Date: 6-10-2014

Assign to WETH

CCC 6/20/14

RECEIVED

Dear Municipal Clerk: ENTERED - 6-26-14 - SB  
14L0454 - W. HAYES

JUN 17 2014

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 800.00 property and/or \$ 6 bodily injury for which I contend the City is liable.

- Date of incident: 2014 2. Time of incident: \_\_\_\_\_ 3. Police called: no
- Location of incident (including street address): 384 16th St N.W. ATLANTA, GA.
- Name of your insurance company: ENCOMPASS Policy No. 281616432
- State what and how incident occurred: ATLANTA CITY WASTE AND GARBAGE TRUCK DROVE ON DRIVEWAY TO PICK UP GARBAGE AND BROKE & DAMAGE DRIVEWAY FLOOR TILES
- 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!
- 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: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
- Witness: REAL ESTATE AGENT ON PROPERTY RENTAL AGENT
- 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).
- Claims must be received within 6 months from the date of the event.

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

[Signature]  
Signature of Claimant

MOHAMMAD O. TOMEH  
(Print Claimant's Name)

384 16th St N.W. UNIT #1  
(Address)

ATLANTA, GA. 30318  
(City, State and Zip Code)

404-768-3641 404-252-5210  
(Work Number) (Home Number)

CELL 404 988-5700

RENTAL UNIT

Send ALL  
consequent to  
this address  
MOHAMMAD O. TOMEH  
5385 N. POWERS FERRY RD. N.W.  
ATLANTA, GA. 30327  
Home ADDRESS