

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 13L0846

Date: September 3, 2014

Claimant /Victim CINDY STANKUS  
BY:(Atty)(Ins. Co.) \_\_\_\_\_  
Address: 4186 North Shallowford Road, Atlanta, Georgia 30341  
Subrogation: Claim for Property damage \$ 2,200.00 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 12/23/13 Method: Written, proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 11/16/13 Place: 2320 Marietta Blvd.  
Department: WATERSHED Bureau: Drinking Water Office: \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges property damage sustained when she drove over unsecured metal plates in the roadway at the above location. The investigation determined that Watershed Management had been working at this location and failed to properly secure the metal plates. Repairs were completed on January 6, 2014.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant X Others \_\_\_\_\_ Written X Oral X  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_



BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial X  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
\_\_\_\_\_  
INVESTIGATOR - WARREN HAYES

RECOMMENDATION:

Pay \$ 800.00 Adverse \_\_\_\_\_ Account charged: General Fund \_\_\_\_\_ Water & Sewer X Aviation \_\_\_\_\_  
Claims Director/Manager:  Concur/date 9/18/14  
Deputy City Attorney:  Concur/date 9/23/14  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

12/23/2013

RECEIVED  
OFFICE OF  
MUNICIPAL CLERK  
DEC 26 PM 4:01

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

RE: CLAIM FOR DAMAGES

Today's Date: 12-22-13

ENTERED - 12-31-13 - SB  
13L0846 - W. HAYES

Assign to WETH  
Call 12/30/13

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 2200.<sup>00</sup> property and/or \$ 0 bodily injury for which I contend the City is liable.

- Date of incident: 11-16-13 2. Time of incident: 7:30 PM 3. Police called: NO
- Location of incident (including street address): MARIETTA BLVD NEAR BOLTON RD
- Name of your insurance company: TRAVELERS Policy No. 9861530131012
- State what and how incident occurred: INCIDENT REPORTED TO POTHOLE HARRY WEBSITE Copy attached  
(I have pictures on my phone of the 2 trees)  
MIKE HEAD had pics of the pothole but his phone stopped working AND pic cannot be retrieved.
- 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: PONTIAC 20 09 HON3Y CINDY STANKUS  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
- Witness: MIKE HEAD - Payton Stoblom - People at Car Wash
- 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.

New  
12/30/13  
CUC

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

Cindy L Stankus  
Signature of Claimant

CINDY STANKUS  
(Print Claimant's Name)

5284 KERSHAW CT  
(Address)

SMYRNA GA 30080  
(City, State and Zip Code)

770 851 3879 678 309 9595  
(Work Number) (Home Number)