

December 6, 2005

Honorable Mayor and Members of
the Hermosa Beach City Council

Regular Meeting of
December 13, 2005

RECOMMENDATION TO DENY CLAIM

Recommendation:

It is recommended that the City Council deny the following claim and refer it to the City's Liability Claims Administrator to issue the notice of rejection.

1. Claimant: Donna Bullock Carrera
Date of Loss: 12/04, 5/20/05 and 11/17/05
Date Filed: 11/22/05
Allegation: Claimant alleges Hermosa Beach Police made unwarranted searches of home, refused to take police reports, and harassed her.

A copy of the claim is available for review in the City Clerk's Office.

Respectfully submitted,

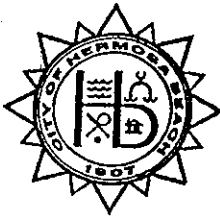


Michael A. Earl, Director
Personnel and Risk Management

Concur:



Stephen R. Burrell
City Manager



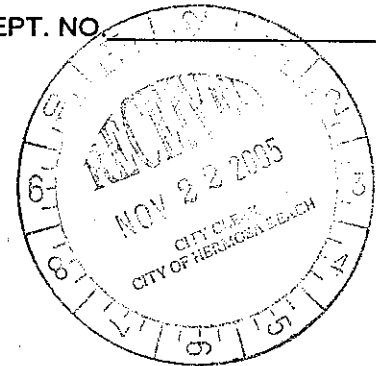
CITY OF HERMOSA BEACH

CLAIM REPORTING FORM FOR ALL PERSONS OR PROPERTY

FILE WITH: City Clerk's Office
 City of Hermosa Beach
 1315 Valley Drive
 Hermosa Beach, CA 90254

RESERVE FOR FILING STAMP

DEPT. NO. _____



INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim form before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details.

Name of Claimant

Donna Bullock Carrera

Date Of Birth Of Claimant

January 21, 1958

Home Address Of Claimant

8991 Carburton St.

Occupation of Claimant

legal counsel

Business Address of Claimant

Long beach, CA 90808

Home Telephone Number

(562) 290-3156

Give address and telephone number to which you desire notices or communications to be sent regarding this claim.

Business Telephone Number

Claimant's Social Security No.

same

privileged.

Date of Damage/Loss/Injury

11/17/05 + 5/20/05 + after 12/04

Time
A.M. P.M.

Place of Damage/Loss/Injury

1126 Cypress Ave / Edelman's children's Court / Yonance ACS

How did damage/loss/injury occur? (Be specific)

Police made 7 warrantless unconsented searches of my home, refused to take police reports, harassed me

Were Police at scene?

Yes No

Were Paramedics at scene?

Yes No

Report No.

What particular act or omission do you claim caused the damage/loss/injury.

and repeatedly called children's services about my child to deprive me of his custody. Then when no names discovered - Had me detained - non-existent mental illness caused loss/separation of custody and contact with my child.

The amount claimed, as of the date of presentation of this claim, is computed as follows: (please attach estimates/receipts)

PLEASE REMEMBER TO SIGN CLAIM FORM

claimfrm.doc

Damages incurred to date (exact):

Expenses for medical and hospital care..... \$ 3,500
 Loss of earnings..... \$ 20,000
 Special damages for Down on Ball Carriage..... \$ 2,500
 General damages..... \$ unknown
 Total damages incurred to date..... \$ minimum 25,000
partial damages

Estimated expenses for medical and hospital care

Future expenses for medical and hospital care..... \$ 20,000
 Future loss of earnings..... \$ 50,000
 Other prospective special damages Att'y fees..... \$ 10,000
 Prospective general damages..... \$ unknown
 Total estimate prospective damages..... \$ 80,000

WITNESSES to DAMAGE or INJURY: LIST ALL PERSONS and addresses of persons known to have information:

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

DOCTORS and HOSPITALS:

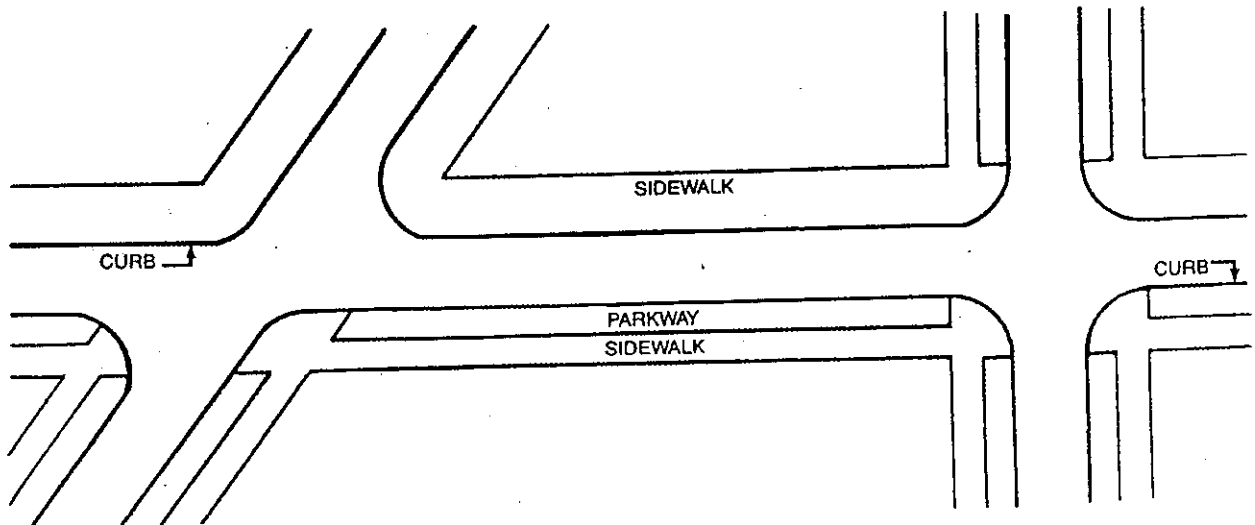
Hospital _____ Address _____ Date Hospitalized _____
 Doctor _____ Address _____ Date of Treatment _____
 Doctor _____ Address _____ Date of Treatment _____

READ CAREFULLY

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and showing house number or distances to street corners. If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle

when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of claimant or person filing on his behalf giving relationship to Claimant: _____ Typed Name: _____ Date: _____