

February 23, 2006

Honorable Mayor and Members of  
the Hermosa Beach City Council

Regular Meeting of  
February 28, 2006

**RECOMMENDATION TO DENY CLAIMS**

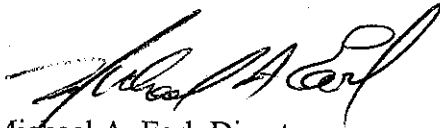
Recommendation:

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: Donald Morgan  
Date of Loss: 8/26/05  
Date Filed: 2/21/06  
Allegation: Claimant alleges false arrest.

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

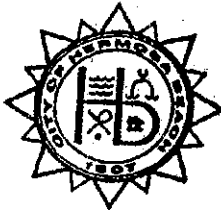
Respectfully submitted,

  
Michael A. Earl, Director  
Personnel and Risk Management

Concur:

  
Stephen R. Burrell  
City Manager

c: Joel Meza, Colen & Lee



# CITY OF HERMOSA BEACH

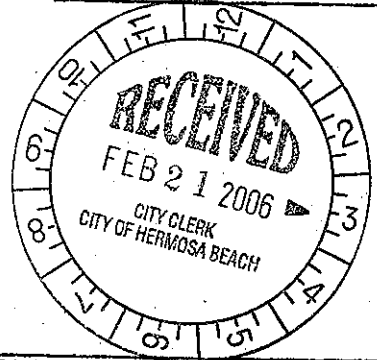
## CLAIM REPORTING FORM FOR ALL PERSONS OR PROPERTY

**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

Donald Morgan

Date Of Birth Of Claimant

Oct. 2, 1956

Home Address Of Claimant

Occupation of Claimant Maintenance Tank Testing Environmental

~~25841 Walnut Street, #22, Lomita, California 90717~~

Business Address of Claimant

Home Telephone Number

(310) 534-5824

Lost job as a direct result of have Police falsely

Give address and telephone number to which you desire notices or arrest me and take my work tools

Business Telephone Number

None Lost job when Police took my tools

Claimant's Social Security No.



Date of Damage/Loss/Injury Aug. 26, 2005

approximately

Time

2:00

A.M.

P.M.

Place of Damage/Loss/Injury Pier Ave. Plaza, Hermosa Beach, CA

How did damage/loss/injury occur? (Be specific) Police grabbed me, handcuffed me, searched me and took my work tools, and caused me to lose my job (that I had just gotten) as they put me in jail and took my work tools causing me to lose more than 150 days of work (approx. \$18,750.00. FALSE ARREST.

Were Police at scene?

Yes

No

Were Paramedics at scene?

Yes

No

Report No. 05-3402

CAUSES OF ACTION: FALSE ARREST, NEGLIGENCE (failing to give breathalyzer test or other test for sobriety (was not drunk, do not drink)) BREACH OF FIDUCIARY DUTY (Duty to protect & Serve Citizens) Abridging my Fourth Amendment rights (the right of the people to be secure in their persons, houses, papers and effects, etc.)

Name of City employee(s) causing the damage/loss/injury

R. Saldana 123, Sullivan 170

Rosell 86

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

Damages incurred to date (exact):  
 Expenses for medical and hospital care \$ \_\_\_\_\_  
 Loss of earnings \$ 18,750.00 +  
 Special damages for tools \$ 200.00

Estimated expenses for medical and hospital care  
 Future expenses for medical and hospital care \$ \_\_\_\_\_  
 Future loss of earnings \$ up to \$2,000,000  
 Other prospective special damages To be determined \$ \_\_\_\_\_  
 Prospective general damages To be determined \$ \_\_\_\_\_  
 Total estimate prospective damages over \$2,000,000.0

General damages To be Determined  
 Total damages incurred to date \$ 18,950.00 Plus

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

Name Laurence Gillam Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name Larry Smith Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

DOCTORS and HOSPITALS:

Hospital N/A Address \_\_\_\_\_ Date Hospitalized \_\_\_\_\_  
 Doctor N/A Address \_\_\_\_\_ Date of Treatment \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date of Treatment \_\_\_\_\_

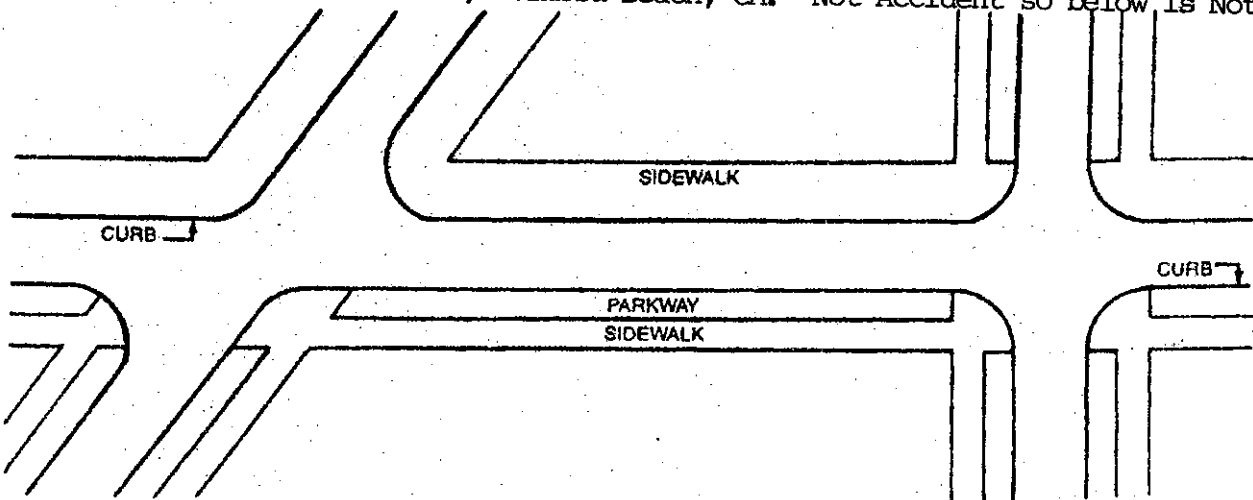
READ CAREFULLY

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.

Occurred at Pier Plaza, Hermosa Beach, CA. Not Accident so below is Not Applicabl



Signature of claimant or person filing on his behalf giving relationship to Claimant:

*Donald Morgan*

Typed Name:

Donald Morgan

Date:

February 16, 2006