

June 5, 2006

Honorable Mayor and Members of
The Hermosa Beach City Council

Regular Meeting of
June 13, 2006

RECOMMENDATION TO DENY CLAIMS

Recommendation:

It is recommended that City Council deny the following claims and refer them to the City's Liability Claims Administrator:

1. Claimant: Erin McCoy
 Date of Loss: 05-23-05
 Date Filed: 05-18-06
 Allegation: Property Damage

2. Claimant: Harry & Cynthia Dahl
 Date of Loss: 05-23-05
 Date Filed: 05-18-06
 Allegation: Property Damage

3. Claimant: Bach-Cuc Le
 Date of Loss: 04-23-06
 Date Filed: 05-18-06
 Allegation: Property Damage

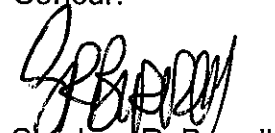
4. Claimant: Stergios Karalaios
 Date of Loss: 03-25-06
 Date Filed: 05-22-06
 Allegation: Loss of property

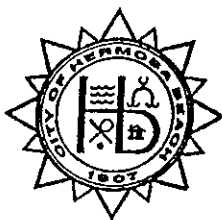
A copy of these claims are on file in the City Clerk's office.

Respectfully Submitted,


Michael A. Earl, Director
Personnel & Risk Management

Concur:


Stephen R. Burrell
City Manager



CITY OF HERMOSA BEACH

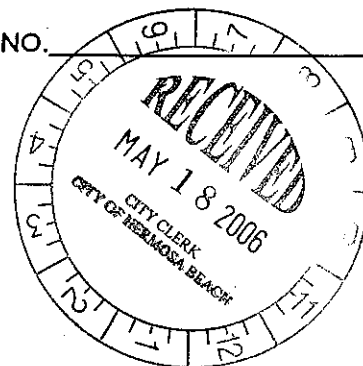
ORIGINAL

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 Erin McCoy	Date Of Birth Of Claimant 8-3-64
Home Address Of Claimant 519 Eleventh Street, Hermosa Beach, CA. 90254	Occupation of Claimant Advertising/Sales
Business Address of Claimant Hermosa Beach, CA. 90254	Home Telephone Number (310) 400-2639
Give address and telephone number to which you desire notices or communications to be sent regarding this claim. (310) 316-0983	Business Telephone Number (310) 372-4611
Law Office of Steven E. Wohn; 5155 West Rosecrans Hawthorne, CA. 90250	Claimant's Social Security No. [REDACTED]
Date of Damage/Loss/Injury May 23, 2005 & later	Time N/A A.M. N/A P.M.
Place of Damage/Loss/Injury 519 Eleventh Street, Hermosa Beach, CA. 90254	
How did damage/loss/injury occur? (Be specific) Failure of City Building Department to adequately inspect; issue final; unknown	
Were Police at scene? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Were Paramedics at scene? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Report No. N/A
What particular act or omission do you claim caused the damage/loss/injury. Same as above stated; further acts of negligence or othr omissions unknown at this time; when discovered will amend claim	
Name of City employee(s) causing the damage/loss/injury: Unknown	

\$60,000 estimated out of pocket will provide documents

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

ORIGINAL

Damages incurred to date (exact):
 Expenses for medical and hospital care..... \$ N/A
 Loss of earnings..... \$ N/A
 Special damages for..... \$ N/A
 General damages..... \$ 60,000
 Total damages incurred to date..... \$ 60,000

Estimated exp. for medical and hospital care
 Future expenses for medical and hospital care..... \$ None
 Future loss of earnings..... \$ None
 Other prospective special damages..... \$ None
 Prospective general damages..... \$ Unknown
 Total estimate prospective damages..... \$ Unknown

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

Name Erin McCoy Address 519 11th St, H.B. Phone (310) 400-2639
 Name Lee Kissal Address 523 11th St, H.B. Phone Unknown 545-8135
 Name Neil Gill NBK Gill Address W. 1625 Lawndale 90260 Phone 371-4097

DOCTORS and HOSPITALS:

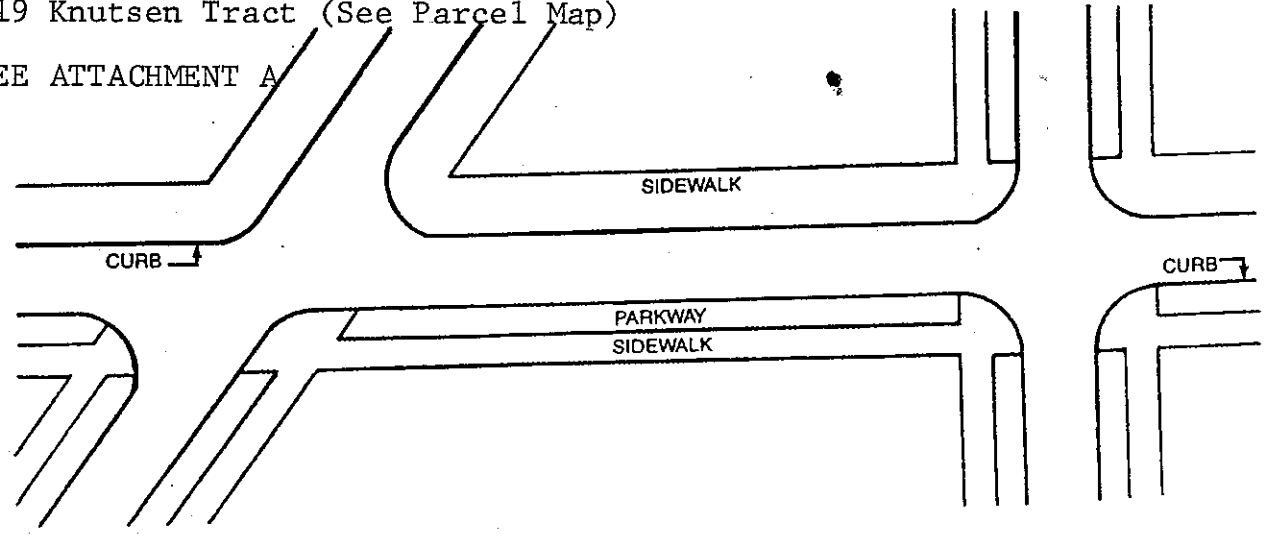
Hospital N/A Address _____ Date Hospitalized _____
 Doctor N/A Address _____ Date of Treatment _____
 Doctor N/A Address _____ Date of Treatment _____

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.

519 Knutsen Tract (See Parcel Map)
 SEE ATTACHMENT A

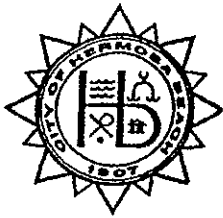


Signature of claimant or person filing on his behalf giving relationship to Claimant: Attorney at Law
 Typed Name: Steven E. Wohn
 Date: 5-18-06
 Steven E. Wohn #107326

ATTACHMENT TO CLAIM v. CITY OF HERMOSA BEACH

Property Address: 519/521 111th Street, Hermosa Beach, CA. 90254

- 1. The claim relates to the negligence and or other omissions to discharge statutory duty of applying the applicable building code in the original inspection of the building/project located at 519/521 Eleventh Street Hermosa Beach, CA. 90254. This inspection may have occurred in 1991/1992 but the damage was not discovered until May 23, 2005 (or later) upon structural inspection and repair/reconstruction of damage issue which was extensive dry rot due to negligent construction, improper foundation and or waterproofing/flashing techniques and related omissions in original construction. A certificate of occupancy was erroneously issued by the City based on the deficient inspection at that time. The records are not available at the City to define the dates of the negligent or otherwise faulty inspection.**
- 2. Reserve right to amend claim upon discovery of additional records by City or pursuant to subpoena.**



CITY OF HERMOSA BEACH

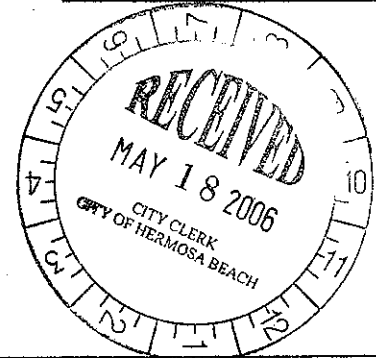
ORIGINAL

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
 Harry Dahl/Cynthia Dahl

Date Of Birth Of Claimant
 12/27/42/12/20/44

Home Address Of Claimant
 521 Eleventh Street Hermosa Beach, CA. 90254

Occupation of Claimant
 Insurance Agent / IT Manager

Business Address of Claimant
 1120 Nanhattan Beach Blvd. #202, M.B.
 Give address and telephone number to which you desire notices or communications to be sent regarding this claim.
 (310) 316-0983

Home Telephone Number
 Business Telephone Number
 (310) 251-3330
 (310) 251-3330

5155 W. Rosecrans Ave. Ste 1184
 Hawthorne, CA. 90250

Claimant's Social Security No.
 [REDACTED]

Date of Damage/Loss/Injury
 May 23, 2005 & later

Time
 N/A A.M. N/A P.M.

Place of Damage/Loss/Injury
 521 Eleventh Street, Hermosa Beach, CA.

How did damage/loss/injury occur? (Be specific)
 See Attached Exhibit A and below

Failure of City Building Department to adequately inspect; issue final; unknown

Were Police at scene? Yes No
 Were Paramedics at scene? Yes No

Report No. N/A

What particular act or omission do you claim caused the damage/loss/injury.
 Same as above-stated; further acts of negligence or other omissions unknown at this time; when discovered will amend claim

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

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

\$60,000 estimated out of pocket, will provide other documents

PLEASE REMEMBER TO SIGN CLAIM FORM

Damages incurred to date (exact).
 Expenses for medical and hospital care..... \$ N/A
 Loss of earnings..... \$ N/A
 Special damages for..... \$ N/A
 General damages..... \$ 60,000
 Total damages incurred to date..... \$ 60,000

Estimated expense for medical and hospital care
 Future expenses for medical and hospital care..... \$ None
 Future loss of earnings..... \$ None
 Other prospective special damages..... \$ None
 Prospective general damages..... \$ Unknown
 Total estimate prospective damages..... \$ Unknown

ORIGINAL

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

Name Harry & Cynthia Dahl Address 521 11th St. H.B. Phone (310) 251-3330
 Name Lee Kissal Address 523 11th St. H.B. Phone Unknown 545-8135
 Name Neil Gill NBK Gill Const. Address W 1625 Lawndale 90260 Phone (310) 371-4097

DOCTORS and HOSPITALS:

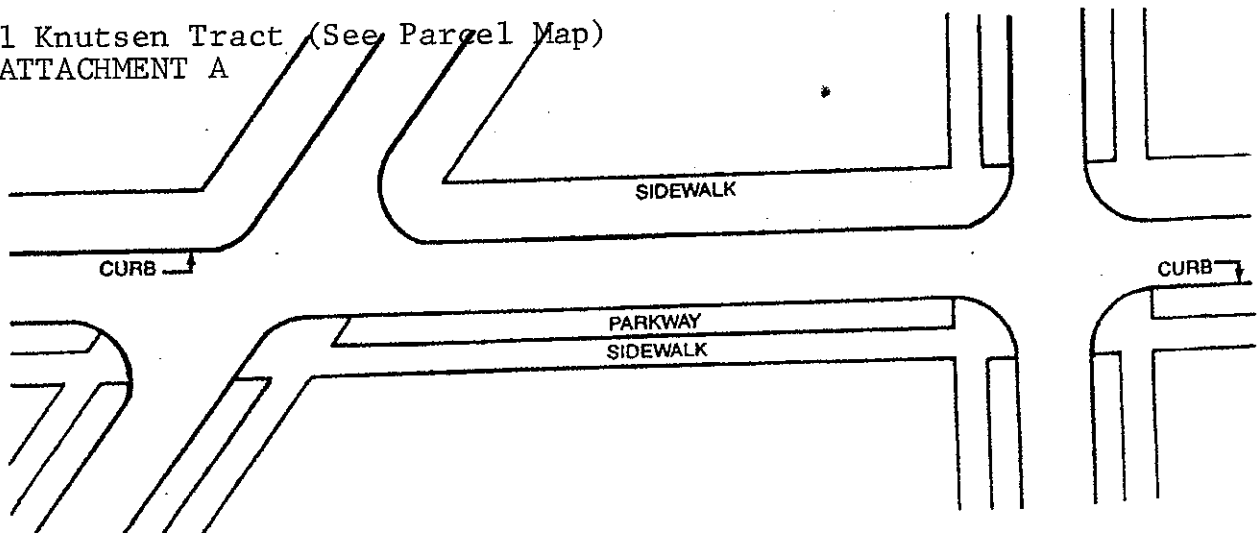
Hospital N/A Address _____ Date Hospitalized _____
 Doctor N/A Address _____ Date of Treatment _____
 Doctor N/A Address _____ Date of Treatment _____

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.

521 Knutsen Tract (See Parcel Map)
 SEE ATTACHMENT A



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

Attorney At Law

Typed Name:

Steven E. Wahn

Steven E. wahn #107326

Date:

5-18-06

ATTACHMENT TO CLAIM v. CITY OF HERMOSA BEACH

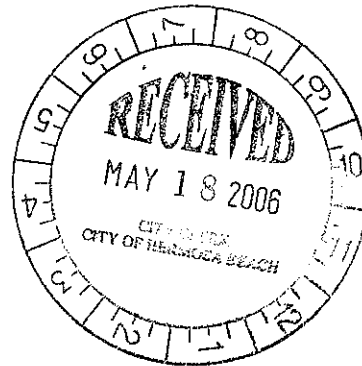
Property Address: 519/521 111th Street, Hermosa Beach, CA. 90254

- 1. The claim relates to the negligence and or other omissions to discharge statutory duty of applying the applicable building code in the original inspection of the building/project located at 519/521 Eleventh Street Hermosa Beach, CA. 90254. This inspection may have occurred in 1991/1992 but the damage was not discovered until May 23, 2005 (or later) upon structural inspection and repair/reconstruction of damage issue which was extensive dry rot due to negligent construction, improper foundation and or waterproofing/flashing techniques and related omissions in original construction. A certificate of occupancy was erroneously issued by the City based on the deficient inspection at that time. The records are not available at the City to define the dates of the negligent or otherwise faulty inspection.**
- 2. Reserve right to amend claim upon discovery of additional records by City or pursuant to subpoena.**

Law Offices of Steven E. Wohn
5155 West Rosecrans Avenue Suite 1184
Hawthorne, California 90250
Telephone: (310) 316-0983
Facsimile: (310) 491-3338
Cell Phone: (310) 795-1403
Email: stevewohnlaw@msn.com

May 18, 2006

City Clerk's Office
City of Hermosa Beach
1315 Valley Drive
Hermosa Beach, CA. 90254

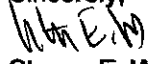


Re: Claim v. City of Hermosa Beach/Attachment

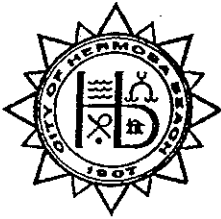
Dear City Clerk:

Enclosed please find a property claim for each of two addresses at 519 11th Street and 521 11th Street Hermosa Beach, CA. 90254. The standard form has an attachment for additional explanation.

If there should be any questions please call.

Sincerely,

Steven E. Wohn

Cc: client



CITY OF HERMOSA BEACH

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City of Hermosa Beach
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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

BACH-CUC LE

Date Of Birth Of Claimant

9/28/54

Home Address Of Claimant

2907 Lindge Ln Redondo Bch CA 90278

Occupation of Claimant

County of LA

Business Address of Claimant

Home Telephone Number

(310) 542-7440

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.

Date of Damage/Loss/Injury

4/23/06

A.M. Time *2* P.M.

Place of Damage/Loss/Injury

Armore Ave at 1300 Block

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

Metal edge cut tire while parallel parking

Were Police at scene?

Yes

No

Were Paramedics at scene?

Yes

No

Report No.

N/A

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

metal plate sticking out on pavement

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

NA

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..... \$ -
 Loss of earnings..... \$ -
 Special damages for title..... \$ 147.35
 General damages..... \$ -
 Total damages incurred to date..... \$ 147.35

Estimated expenses for medical and hospital care
 Future expenses for medical and hospital care..... \$ -
 Future loss of earnings..... \$ -
 Other prospective special damages..... \$ -
 Prospective general damages..... \$ -
 Total estimate prospective damages..... \$ -

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

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

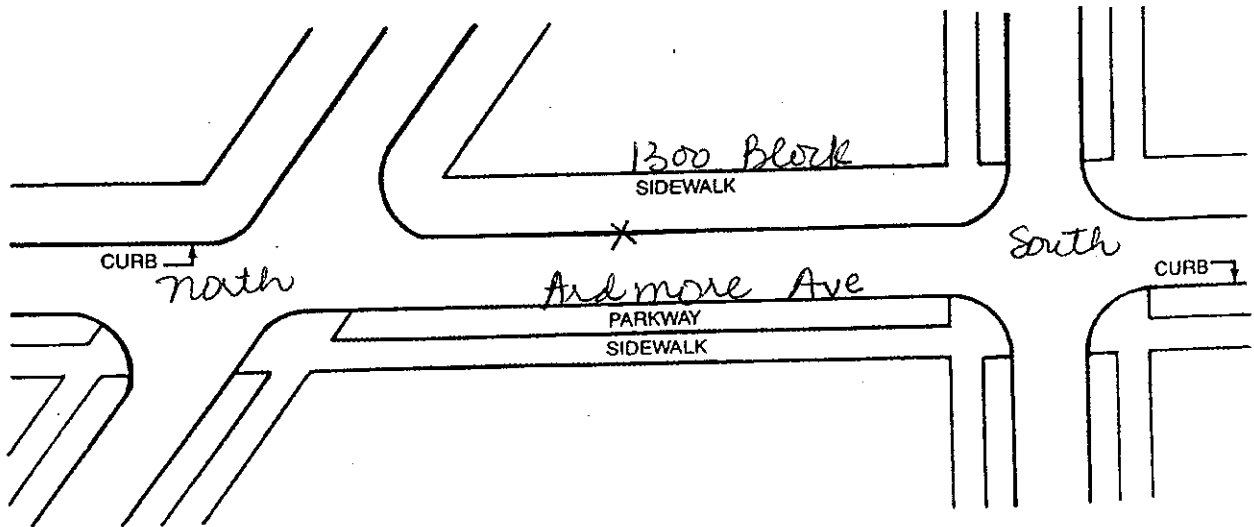
DOCTORS and HOSPITALS: NA

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: <u>Bachuc Le</u>	Typed Name: <u>BACH - CUC LE</u>	Date: <u>5/12/06</u>
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MEMBER PURCHASE INVOICE

INVOICE# 006710066916

DATE 4/23/2006

15:51:32

NAME BACH-CUC LE

PHONE 2135427440 ALT PHONE

MEMBERSHIP# 804116318000

ADDRESS 2907 RINDGE LN

CITY REDONDO BEACH

ST CA ZIP 90278

YEAR 1996 MAKE Honda

MODEL Accord

SUB-MODEL EX 2/4 Dr.

GVW 3990

WHEEL BASE

ODOMETER 117907

COLOR GREEN

LIC# E23SVY

AIR FRONT 32 REAR 32 TORQUE 80 ALLOY N STEED SALESPERSON ED

QTY	DESCRIPTION
1	ITEM# 234444 MANUF MICHELIN MXV4 PLUS XSE TYPE ALL SEASON PERFORMANCE SIZE 195/60HR15 88H
	ITEM# MANUF TYPE SIZE
1	6850 Car, Light Truck, Van, SUV Installation Package: Mount, Balance, Rubber Valve Stem, Rotations, Rebalances, Repairs, Air Checks
1	7023 Costco Scrap Tire Disposal Fee Charged on all tires left for disposal. State disposal fees may also apply.
	6841 Seasonal Exchange
	8399 Snow Tire Studding Fee
	6861 Rebalance (Non-Costco Tire)
	Flat Repair N/C
	Rotation N/C
	Rebalance N/C
	Road Hazard Warranty
	Mileage Adjustment
	Manuf. Defect
	Member Services

SLIP PRINT	
MEMBER #804116318000	
* 1 @ 105.87	
* 234444 195/60HR15 88H	
* 1 @ 1.75	
* STATE TIRE F	1.75
* 1 @ 10.00	
* MNT/BALANCE	10.00
* TIRE DISPOSAL	1.00
* 8.25 % TAX RATE	8.25
* TOTAL	147.35
* EFT/DEBIT	147.35
* CHANGE	40.00
* TOTAL NUMBER OF ITEMS SOLD	1
* CASHIER: RICARDO R.	REG# 95
* 4/23/2006 16:26 0671 85 0024 518	

DOT 1 APRBD4EX4905
DOT 2
DOT 3
DOT 4
DOT 5
DOT 6
DOT 7
DOT 8

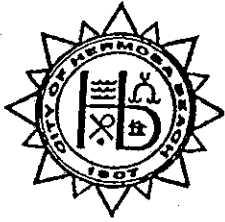
WORK TO BE DONE

L/F R/F
L/R R/R
S

SERVICE NOTES

Best to Spare
Static Dynamic
Blackwall Whitewall

Air Pressure and Torque are levels recommended by Manufacturer.



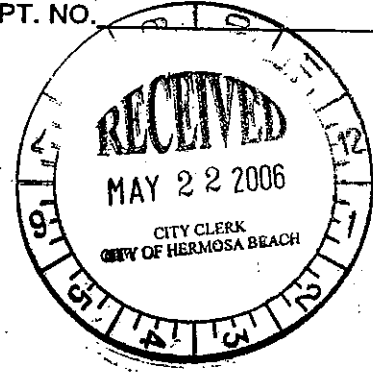
CITY OF HERMOSA BEACH

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3. Read entire claim form before filing.
4. See page 2 for diagram upon which to locate place of accident.
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6. Attach separate sheets, if necessary, to give full details.

Name of Claimant
 STERGIOS KARALAIOS

Date Of Birth Of Claimant
 6-25-44

Home Address Of Claimant
 16603 LAXFORD ROAD, AZUSA, CA 91702

Occupation of Claimant
 DISABLE

Business Address of Claimant

Home Telephone Number
 (626) 9692626

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.

Date of Damage/Loss/Injury
 March 25, 2006

Time
 A.M. P.M.

Place of Damage/Loss/Injury
 Praxinos mark around

How did damage/loss/injury occur? (Be specific) I WAS SPRAYED, ARRESTED AND TAKEN to the HOSPITAL AND MY PROPERTY WAS STOLEN.

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.

HERMOSA BEACH P.D./MANTHANAN BEACH P.D./TORRANCE P.D. & LONG BEACH P.D.

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

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

\$900 cash + 1 cell phone (\$60) + flute (\$150) + 2 pipe lighters (\$16)

Damages incurred to date (exact):

Expenses for medical and hospital care..... \$ 800 *800*
 Loss of earnings..... \$ 150 *150*
 Special damages for..... \$ _____
 General damages..... \$ 150 *150*
 Total damages incurred to date..... \$ _____

Estimated expenses medical and hospital care

Future expenses for medical and hospital care..... \$ _____
 Future loss of earnings..... \$ _____
 Other prospective special damages..... \$ _____
 Prospective general damages..... \$ _____
 Total estimate prospective damages..... \$ _____

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 _____

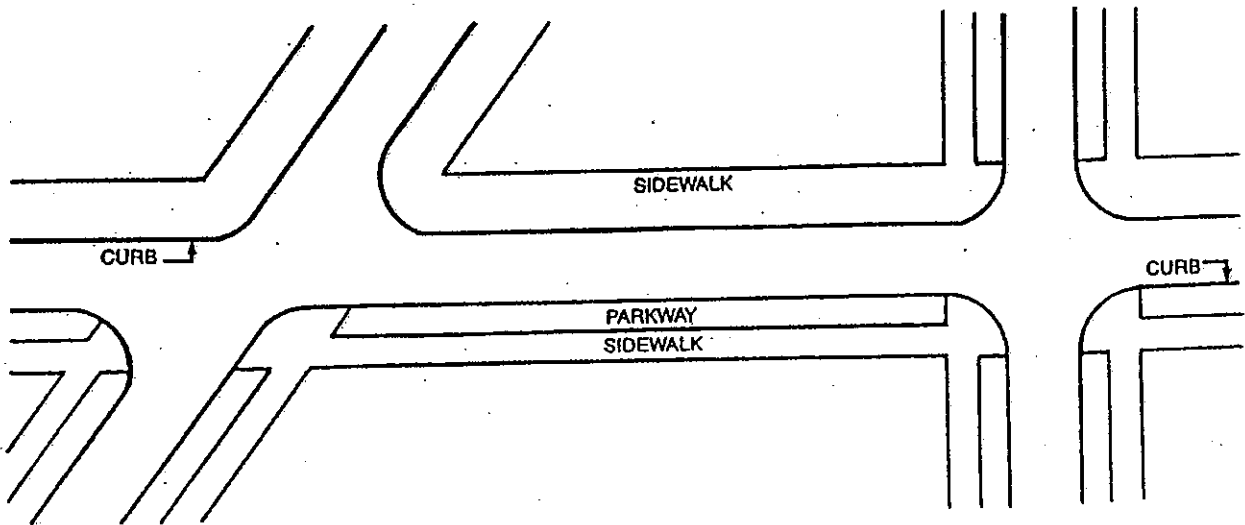
DOCTORS and HOSPITALS:

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

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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:

[Handwritten Signature]

Typed Name:

STERGIOS,
KARALALOI

Date:

5/22/06