

July 18, 2006

Honorable Mayor and Members of  
The Hermosa Beach City Council

Regular Meeting of  
July 25, 2006

**RECOMMENDATION TO DENY CLAIM**

**Recommendation:**

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

1. Claimant: Jacob Ritenour  
Date of Loss: 07-08-06  
Date Filed: 07-10-06  
Allegation: Loss of property

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

Respectfully Submitted,

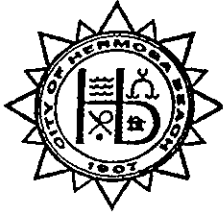
*Monica Bagnara for Michael Earl*

Michael A. Earl, Director  
Personnel & Risk Management

Concur:

*Stephen R. Burrell*

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 Jacob K. Ritenour

Date Of Birth Of Claimant 7/10/06

Home Address Of Claimant 1132 Loma dr. Hermosa Beach, CA 90254

Occupation of Claimant

Business Address of Claimant

Home Telephone Number  
(419) 410-3030

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 July 8th or 9th, 2006

Somewhere Time Between  
A.M. P.M.

Place of Damage/Loss/Injury Frank Scott's Towing Co.

How did damage/loss/injury occur? (Be specific) Item was in my vehicle at time of towing, Stolen BY pickup

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. Items became MISSING or Stolen some time between tow & impound.

@ FRANK SCOTTO'S TOWING & Auto Service

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

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

Damages incurred to date (exact):  
 Expenses for medical and hospital care..... \$ \_\_\_\_\_  
 Loss of earnings..... \$ \_\_\_\_\_  
 Special damages for..... \$ \_\_\_\_\_  
 General damages..... \$ \_\_\_\_\_  
 Total damages incurred to date..... \$ 245.00

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:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

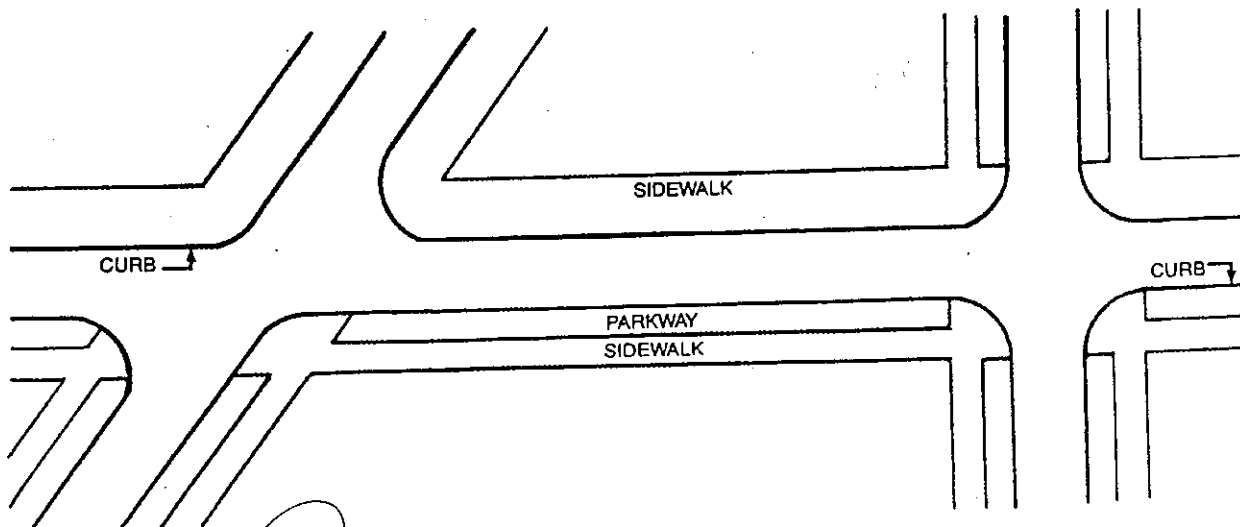
**DOCTORS and HOSPITALS:**

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:

*[Handwritten Signature]*

Typed Name:

JACOB K. RITENOUR

Date:

7-10-06

Duplicate ORIGINAL PAPERWORK was not found  
**FRANK SCOTTO TOWING**  
 Quality Service for 25 Years



1750 W. 223rd Street (near Western Ave.), Torrance, CA 90501  
 Phone: (310) 787-0208



Bill To: \_\_\_\_\_ Date In: 7/9/06  
 Name: Jacob K. Ritenour Date Out: 7/9/06  
 Address: 9895 Manclova Rd  
 City: Monclova Zip: 43542 3030  
 Authorized Driver: Jacob K. Ritenour Phone: 419 410-8672  
 Driver's Lic. #: RV982008 Exp: 8/08 D.O.B.: 8-10-83

YEAR	MAKE & MODEL	COLOR	LICENSE NO.
94	Honda Civic	Black	DLB8198
TYPE OF TOW		EXTRA CHARGE	COND. OF CAR
<input type="checkbox"/> WHEELIFT <input type="checkbox"/> FLATBED <input type="checkbox"/> SUPER DUTY <input type="checkbox"/> MED. DUTY <input type="checkbox"/> HEAVY DUTY <input type="checkbox"/> LANDOLL <input type="checkbox"/> TOWED FRONT <input type="checkbox"/> TOWED REAR		<input type="checkbox"/> JUMP START <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> WINCH OUT <input type="checkbox"/> DOLLY TOW <input type="checkbox"/> NIGHT RELEASE <input type="checkbox"/> EXTRA LABOR	<input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> BAD  <input type="checkbox"/> AAA <input type="checkbox"/> COMM. <input type="checkbox"/> ACCT.
P.D. INFO			
<input checked="" type="checkbox"/> IMPOUND <input type="checkbox"/> STORED <input type="checkbox"/> OWNER REQ. <input type="checkbox"/> R.B.P.D. <input checked="" type="checkbox"/> H.B.P.D. <input type="checkbox"/> L.A.S.D. <input type="checkbox"/> C.H.P. <input type="checkbox"/> M.B.P.D. <input type="checkbox"/> PRIVATE IMP.			

LOCATION OF FIRST TOW: 1300 Palm Dr  
 TAKEN TO: 1750 W 223rd St  
 2ND TOW DEST.: \_\_\_\_\_  
 RELEASED TO: Jacob Ritenour  
 RELEASED BY: Katy RELEASE AUTHORIZED BY: \_\_\_\_\_  
 VIN #: \_\_\_\_\_ ODOMETER \_\_\_\_\_  
 R.O. # \_\_\_\_\_ P.O. # \_\_\_\_\_ PROPERTY ROOM

KEY <input type="checkbox"/> YES <input type="checkbox"/> NO	Mileage/Time Start
Invoice: <u>office</u> <b>535980</b>	Mileage/Time Ending
Driver _____ Truck _____	Total Miles Total Time
	Per Mile Per Hour

1st Tow	79.00
Mileage	
2nd Tow	
Mileage	0.50
Storage Per Day	
Paid Out	
City Fee	104.00
Lien Fee	
Extra Charges	
<b>TOTAL</b>	<b>200.50</b>

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE VEHICLE DESCRIBED ABOVE AND ALL PERSONAL PROPERTY THEREIN. I HAVE RECEIVED VEHICLE IN SATISFACTORY CONDITION.  
 Not responsible for loss or damage to cars or articles left in cars in case of fire, theft or any other cause beyond our control.  
 Signed [Signature]  
 PAID BY:  CASH  BILLED  CHECK# \_\_\_\_\_  CREDIT CARD

Shaded area for office use only.

**CITIZEN CRIME/INCIDENT REPORT**  
**HERMOSA BEACH POLICE DEPARTMENT**  
540 PIER AVENUE.  
HERMOSA BEACH, CALIFORNIA 90254

DATE 7/9/06 TIME 1800  
INC# DR# 06-2502

CLASSIFICATION  
TYPE OF CRIME MISSING  
RD# UNK-

**VICTIM OF INCIDENT**  
NAME (LAST, FIRST, MIDDLE) RITENOUR, JACOB  
ADDRESS 1132 Loma Dr. A.B. 90254 CA  
DATE OF BIRTH 8/10/83  
TELEPHONE NO. (419) HOME 410-3030 BUS.

**PERSON REPORTING THE INCIDENT (IF DIFFERENT)**  
NAME (LAST, FIRST, MIDDLE)  
ADDRESS CITY STATE  
DATE OF BIRTH TELEPHONE NO. HOME BUS.

**INCIDENT INFORMATION**  
PLACE OF OCCURENCE UNKNOWN BETWEEN 1300 BLK PALM DR & FRANK SCOTT TOW  
DATE(S) OF OCCURENCE 7/9/06 UNKNOWN  
TIME(S) OF OCCURENCE UNKNOWN

**DESCRIBE VICTIM VEHICLE (IF INVOLVED)**  
VEHICLE LICENSE NUMBER AND STATE DLB 8198 OH  
VEHICLE YEAR 1994 MAKE HONDA MODEL Civic COLOR BLK

DESCRIPTION OF STOLEN, LOST OR DAMAGED ITEMS					
TYPE OF PROPERTY	BRAND/MAKE	MODEL (NAME/NO.)	MISCELLANEOUS DESCRIPTION (COLOR/SIZE)	SERIAL NO.	VALUE
APPLE IPOD	APPLE		WHT - 1 GIG - SHUFFLE		100 <sup>00</sup>
Headphones	APPLE		WHT - RUBBER EAR PIECE		45 <sup>00</sup>
CD'S			IN BLACK VISOR CASE ABOUT 12 CD'S		100 <sup>00</sup>

**DETAILS OF INCIDENT**  
THE VICTIM'S VEH. WAS TOWED FROM THE 1300 BLK OF PALM DR. THE VICTIM'S IPOD WAS IN THE VEH. WHEN HE SEZURED THE VEH. WHEN THE VICTIM OBTAINED HIS VEH AT SCOTT'S TOW YARD, HE NOTICED THAT THE IPOD WAS MISSING (STOLEN).  
CHP 180 DR# 06-02479

NOTE: IT IS A MISDEMEANOR TO MAKE A FALSE REPORT OF A CRIME (SECTION 148.5 P.C.)

SIGNATURE OF PERSON MAKING REPORT [Signature] DATE/TIME 7/9/06 1800 OFFICER [Signature] SUPERVISOR [Signature] #123