

September 18, 2006

Honorable Mayor and Members of
The Hermosa Beach City Council

Regular Meeting of
September 26, 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: Jaco, Brad
Date of Loss: 03-19-06
Date Filed: 08-16-06
Allegation: Trip & fall

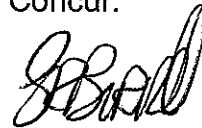
A copy of this claim is on file in the City Clerk's office.

Respectfully Submitted,

Nevea Lopez for Michael Earl

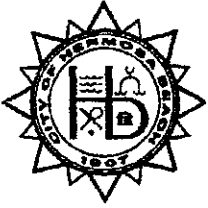
Michael A. Earl, Director
Personnel & Risk Management

Concur:



Stephen R. Burrell
City Manager

ORIGINAL



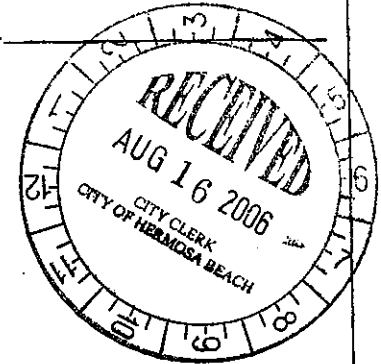
CITY OF HERMOSA BEACH

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

Brad Jaco

Date Of Birth Of Claimant

March 18, 1968

Home Address Of Claimant

252 Longfellow Rd., Manhattan Beach, CA 90254

Occupation of Claimant

Business Address of Claimant

Home Telephone Number

(917) 445-3323

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

Regan-Braun Law Offices

Business Telephone Number

(310) 372-1988

c/o Michael S. Braun, Esq., 2522 Artesia Blvd., Suite 200, Redondo Beach, CA 90278

Claimant's Social Security No.

[REDACTED]

Date of Damage/Loss/Injury

March 19, 2006

Time 3:00 P.M.

Place of Damage/Loss/Injury

Manhattan Avenue at 22 Court, Hermosa Beach, CA

How did damage/loss/injury occur? (Be specific) While walking on the sidewalk, I stepped into a portion of the sidewalk that had deteriorated causing me to fall.

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. The City allowed a "dangerous condition" to exist, and failed to "protect against" the "dangerous condition". It is further alleged, that the City knew or should have known that the "dangerous condition" existed, but failed to take remedies to "protect against" the dangerous condition. As a result of allowing the "dangerous condition" to exist, I tripped and fell sustaining serious injuries.

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

and fell sustaining serious injuries.

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..... \$ approx. 7,500.00
Loss of earnings..... \$
Special damages for..... \$

General damages..... APPROX..... \$ 100,000.00

Total damages incurred to date..... \$ 10,000.00
exceeds (unlimited civil case)

Estimated expenses for medical and hospital care

Future expenses for medical and hospital care..... \$ 10,000.00
Future loss of earnings..... \$
Other prospective special damages..... \$
Prospective general damages..... \$
Total estimate prospective damages..... exceeds \$ 10,000.00

(unlimited civil case)

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

Name Renne Raimond Address Phone 310-409-9946
Name Rich Landis Address Phone 310-367-1706
Name Address Phone

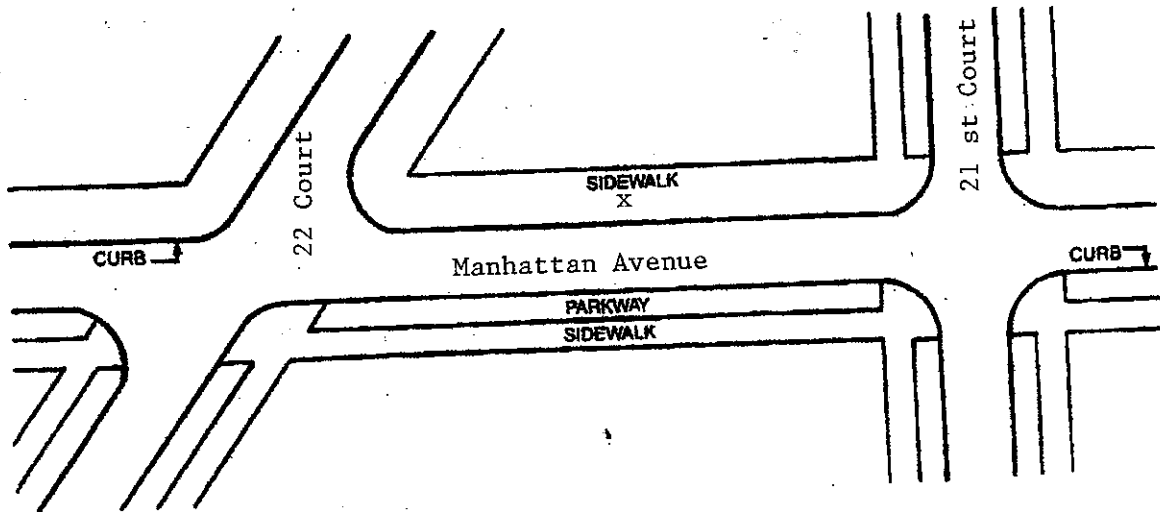
DOCTORS and HOSPITALS:

Hospital Cedars-Sinai Med.Ctr. Address P. O. Box 51280 Date Hospitalized 3/19/2006
Los Angeles, CA 90051
Doctor Michael Smith, MD Address 5901 W.Olympic Bl. Date of Treatment 4/24/2006
Los Angeles, CA 90036
Doctor Peter Newton, MD Address 9808 Venice Bl. Date of Treatment Various
Culver City, CA

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: Kevin Gordon, Esq. Date: 8/9/2006

Attorney for Claimant, Brad Jaco