

October 16, 2006

Honorable Mayor and Members of
The Hermosa Beach City Council

Regular Meeting of
October 24, 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: Branam, Kary
Date of Loss: 09-03-06
Date Filed: 10-03-06
Allegation: Property damage

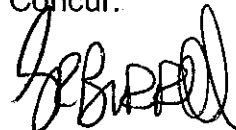
A copy of this claim is on file in the City Clerk's office.

Respectfully Submitted,

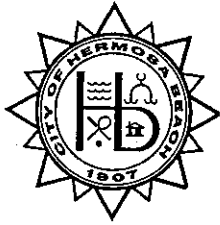


Michael A. Earl, Director
Personnel & Risk Management

Concur:



Stephen R. Burrell
City Manager



CITY OF HERMOSA BEACH

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

Kary Madray Branam

Home Address Of Claimant

123 S. CATALINA Ave #101

Occupation of Claimant

Book Keeper

Business Address of Claimant

Redondo Bch, CA 90277

Home Telephone Number

(310) 379-4818

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

September 3, 2006

Business Telephone Number

(310) 372-4641

Date of Damage/Loss/Injury

Sept. 3, 2006

about Time 1:00 P.M.

Place of Damage/Loss/Injury

625 Hermosa Ave. (Driveway)

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

see attached page

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.

that Drive way was 3" higher than the Street

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 FOR

F/B95/Personnel/claim form

Damages incurred to date (exact):

Expenses for medical and hospital care \$ _____

Loss of earnings \$ _____

X Special damages for wheel chair \$ 309.74

General damages \$ _____

Total damages incurred to date \$ _____

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 \$ _____

* see attached invoice + statement

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

Name I did Address _____ Phone _____

Name not get Address _____ Phone see attached

Name their Address statement Phone _____

names

DOCTORS and HOSPITALS:

Hospital _____ Address _____ Date Hospitalized 9/2/06

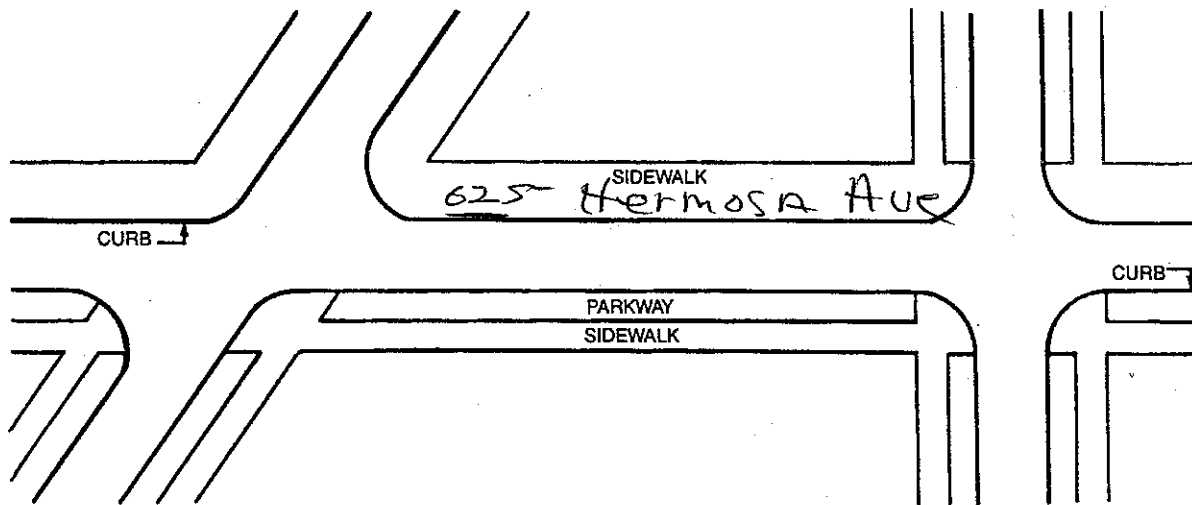
Doctor Stanford Noel Address 2300 S. Hope Date of Treatment 9/2/06
LA, CA 90007

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: _____

I was riding in my electric wheel chair on the west side of Hermosa Avenue. I had checked all of the drive ways before this one and the side walk and the street had been even with each other. They were even the same color of cement. When I got to 625 Hermosa Ave. there was a large SUV in the drive way. I had to put my two right wheels in the street to pass. That is when I was thrown from my wheel chair. I landed in the street. A man in a white convertible saw me go down and stopped, along with a lady on the side walk and it took them both to pick me up and put me back into my wheel chair. I was meeting my daughter at the Hermosa Festival so I kept on going to the fair. It was not until about an hour later that I noticed that the right arm of my wheel chair was messed up. I also started getting stiff from the fall, so I went back home and went to bed. I was in bed from pain in my back and right hip for over a week, unless I had to get out of bed when I went to Stanford M. Noel, M.D. on Thursday Sept. 7th

Orthopaedic Surgeon
2300 So. Hope Street Suite 600
Los Angeles, CA 90007
(213) 744-1911

Dr. Noel took x-rays and told me I was very lucky not to have fractured or broken my hip. I had a black and blue bruise the size of a saucer on the right side of my hip.



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1349 El Prado Avenue • Torrance, California 90501 (310) 618-9555 • Fax (310) 618-0614

REPAIR ESTIMATE

September 22,2006

Kary Branam
123 s Catalina ave
Redondo Beach Ca 90277
310-379-4818

Repair of:	Unit Price	Total
Make: Quickie P200 SN#p2-0019315		
1. right swing away joy stick mount	\$260.64	\$260.84
2. Joy stick knob	\$25.50	\$25.50
3. Labor	\$60.00	\$60.00
	Sales tax	\$23.61
	Total	\$309.74