

January 2, 2007

Honorable Mayor and Members of
The Hermosa Beach City Council

Regular Meeting of
January 9, 2007

RECOMMENDATION TO DENY CLAIM

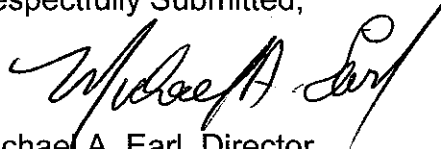
Recommendation:

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

1. Claimant: Moody, Patrick
Date of Loss: 07-22-06
Date Filed: 11-30-06
Allegation: Personal injury

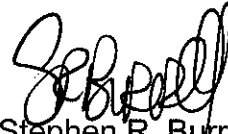
A copy of this claim is on file in the City Clerk's office.

Respectfully Submitted,

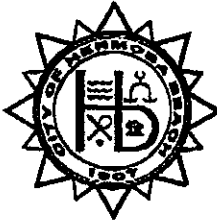


Michael A. Earl, Director
Personnel & Risk Management

Concur:



Stephen R. Burrell
City Manager



CITY OF HERMOSA BEACH RECEIVED

DEC 05 2006

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 Patrick Moody		Date Of Birth Of Claimant 10/10/55	
Home Address Of Claimant 217 5th Place, Manhattan Beach, CA 90266		Occupation of Claimant _____	
Business Address of Claimant _____		Home Telephone Number () _____	
Give address and telephone number to which you desire notices or communications to be sent regarding this claim. 27520 Hawthorne Blvd, #270 Palos Verdes 90274		Business Telephone Number (310) 697-9000	
Date of Damage/Loss/Injury 7/22/06		Time 9:00 A.M. <input checked="" type="checkbox"/> P.M.	
Place of Damage/Loss/Injury Pacific Coast Hwy & 3rd St., Hermosa Beach, CA			
How did damage/loss/injury occur? (Be specific) Claimant was walking through a crosswalk when he was struck by a vehicle.			
Were Police at scene? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Were Paramedics at scene? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Report No. _____	
What particular act or omission do you claim caused the damage/loss/injury. There were no traffic and/or pedestrian controls, including traffic lights, warning signal, better lighting, effective signage, pedestrian signal devices or utilized other recognized methods and procedures to safely protect pedestrians.			
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)

Damages incurred to date (exact):

Expenses for medical and hospital care Undetermined

Loss of earnings \$ " "

Special damages for \$ " "

General damages \$ " "

Total damages incurred to date \$ " "

Estimated expenses for medical and hospital care

Future expenses for medical and hospital care Undetermined

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 Robert Coleman Address _____ Phone 310-326-7206

Name Kanna Chung Address _____ Phone 310-344-8227

Name Eugene Endo Address _____ Phone 310-324-6198

DOCTORS and HOSPITALS:

Hospital Harbor General Hospital Address 1000 w carson st Date Hospitalized _____
Torrance, ca 90502

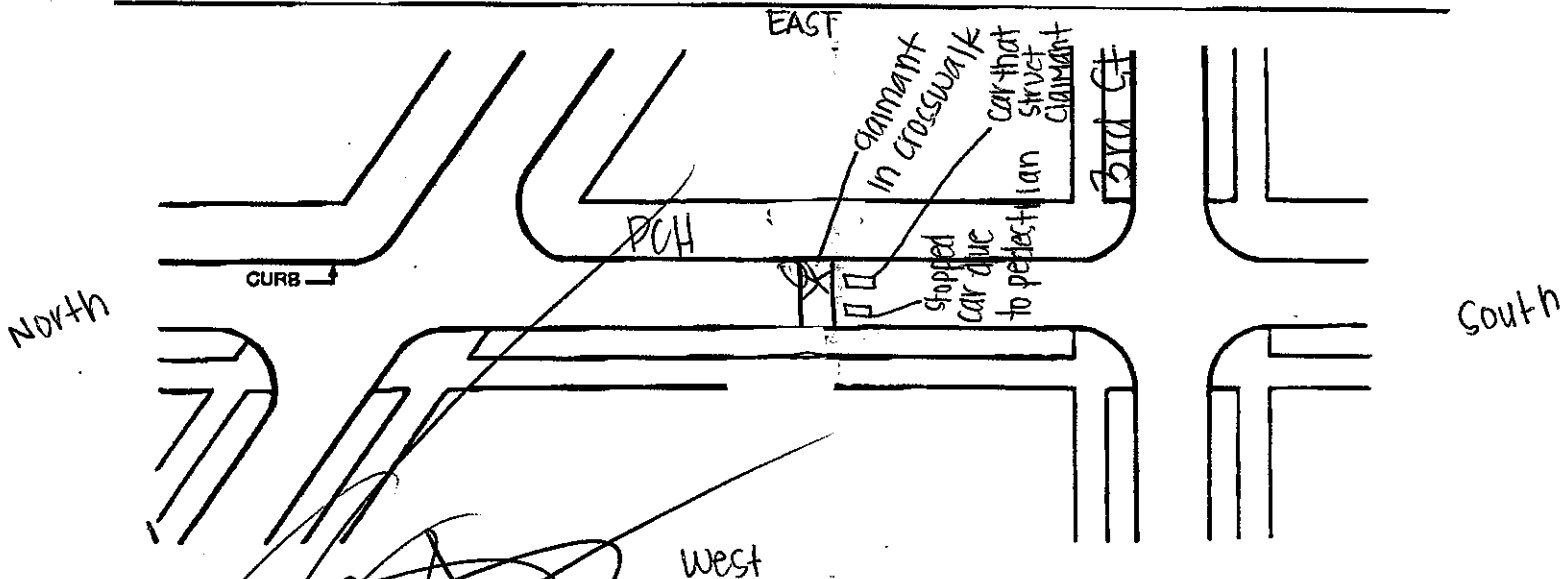
Doctor Thomas Montell, MD Address 3475 Torrance Bl. # _____ Date of Treatment _____
Torrance, CA 90503

Doctor Brian Irvine, DC Address 555 Pier Ave, #1 Date of Treatment _____
Hermosa Bch, CA 90254

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: <i>[Handwritten Signature]</i>	Typed Name: Shawn Steel, Esq.	Date: 11/28/06
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