

March 19, 2007

Honorable Mayor and Members of  
The Hermosa Beach City Council

Regular Meeting of  
March 27, 2007

### 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:

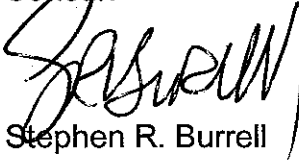
1. Claimant: Cummings, Richard  
Date of Loss: 10-14-06  
Date Filed: 02-13-07  
Allegation: Personal Injury
  
2. Claimant: Helen Price  
Date of Loss: 03-12-07  
Date Filed: 03-15-07  
Allegation: Personal Injury

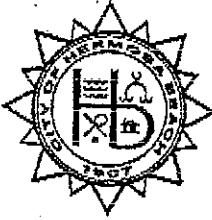
A copy of these claims are on file in the City Clerk's office.

Respectfully Submitted,

  
Michael A. Earl, Director  
Personnel & Risk Management

Concur:

  
Stephen R. Burrell  
City Manager



# CITY OF HERMOSA BEACH

## CLAIM REPORTING FORM FOR ALL PERSONS OR PROPERTY

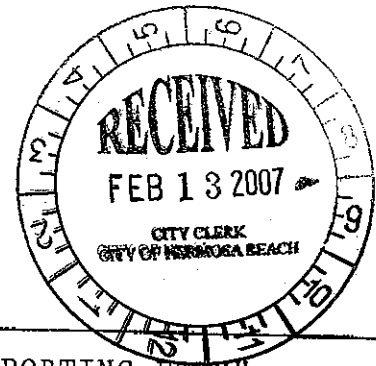
**FILE WITH:** City Clerk's Office  
City of Hermosa Beach  
1315 Valley Drive  
Hermosa Beach, CA 90254

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

Richard Cummings -- SEE "ATTACHMENT TO CLAIM REPORTING FORM" attached hereto and made a part hereof.

Home Address Of Claimant

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.

Business Telephone Number

Date of Damage/Loss/Injury

Time  
A.M. P.M.

Place of Damage/Loss/Injury

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

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.

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 ..... \$ \_\_\_\_\_  
 Special damages for ..... \$ \_\_\_\_\_  
 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 ..... \$ \_\_\_\_\_

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 \_\_\_\_\_

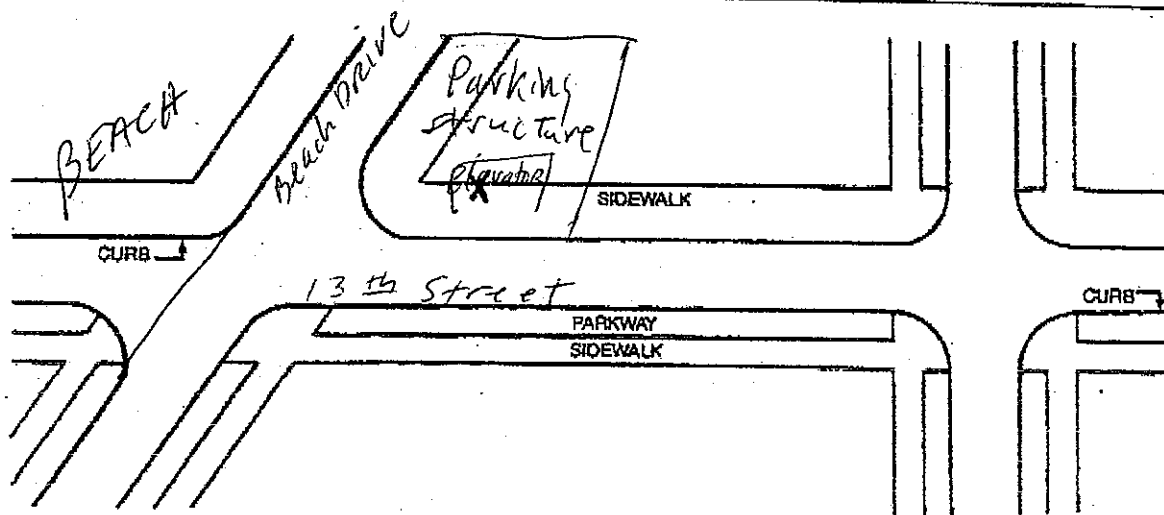
DOCTORS and HOSPITALS:

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:

*Richard Cummings*

Typed Name:

Richard Cummings

Date:

2/1/2007

PLEASE REMEMBER TO SIGN CLAIM FOR

**ATTACHMENT TO CLAIM REPORTING FORM  
FOR ALL PERSONS OR PROPERTY  
CLAIMANT: RICHARD CUMMINGS**

1. Name of Claimant: Richard Cummings.
2. Home address of Claimant: 3331 Patricia Avenue, Los Angeles, CA 90064.
3. Business Address of Claimant: Coldwell Banker, 166 N. Canon Dr., Beverly Hills, CA 90210.
4. Home Telephone Number: 310-837-7400.
5. Business Telephone Number: 310-273-3113.
6. Occupation of Claimant: Real Estate Sales Associate, Coldwell Banker Residential Brokerage.
7. Give address and telephone number to which you desire notices or communications to be sent regarding this claim: Dana M. Cole, Cole & Loeterman, 1925 Century Park East, Ste. 2000, Los Angeles, CA 90067; Tel: 310-556-8300; Fax: 310-772-0807.
8. Date of Damage/Loss/Injury: Saturday, October 14, 2006 ("the accident").
9. Time: Appx. 3:00 p.m.
10. Place of Damage/Loss/Injury: Inside the elevator shaft in the City parking structure, at or about 1286 The Strand, Hermosa Beach, CA 90254. (The parking structure is on the northeast corner of 13<sup>th</sup> Street and Beach Drive, in Hermosa Beach. The elevator is inside the parking structure, near the southwest pedestrian entrance, under the stairway.)
11. How did damage/loss/injury occur?: Claimant walked through elevator's open doors and fell approximately 5 - 6 feet into a dark, open elevator shaft.
12. Were Police at scene? Yes, after accident. Report No.: DR#06-3778.
13. Were Paramedics at scene? Yes, after accident. Report No.: 2006-0601749-000.

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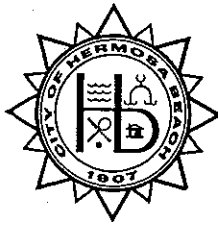
14. What particular act or omission do you claim caused the damages/loss/injury:  
Claimant's response includes but is not limited to the following: The owner, operator, lessor and/or maintainer of the subject elevator failed to reasonably inspect and/or otherwise maintain the elevator such that the elevator was in a dangerous and unsafe condition at the time of the accident; each said person and/or entity had actual and/or constructive notice, prior to the accident, that the elevator was in disrepair, dangerous and/or otherwise unsafe; and, as a result, Claimant fell into the elevator shaft and became injured.
15. Name of City employee(s) causing the damage/loss/injury: The City of Hermosa Beach, and their agents and employees.
16. The amount claimed, as of the date of presentation of this claim, is computed as follows: (please attach estimates/receipts): Known receipts and records are attached.
1. Damages incurred to date (exact):
    - a. Expenses for medical and hospital care: Appx. \$13,000.25, or according to proof.
    - b. Loss of earnings: Not yet calculated, but according to proof.
    - c. Special damages for ...: Not yet calculated, but according to proof.
    - d. General damages: At least appx. \$500,000.00, or according to proof.
    - e. Total damages incurred to date:  
At least appx. \$513,000.25, or according to proof.
  2. Estimated expenses for medical and hospital care
    - a. Future expenses for medical and hospital care: Not yet known, or according to proof.
    - b. Future loss of earnings: Not yet known, or according to proof.
    - c. Other prospective damages: Not yet known, or according to proof.
    - d. Prospective general damages: Not yet known, or according to proof.
    - e. Total estimate prospective damages: Not yet known, or according to proof.
17. Witnesses to Damage or Injury: List all Persons and addresses of persons known to have information:
1. Sylvia Cummings, 3331 Patricia Avenue, Los Angeles, CA 90064; 310-837-7400.
  2. Cindy and Rick Arellano, 1626 Harper Avenue, Redondo Beach, CA 90278; 310-374-7851.
  3. Alfredo Moreno, Maintenance, The Beach House Inn at Hermosa Beach, 1300 The Strand, Hermosa Beach, CA; 310-374-3001.

4. Armando Sanchez, Maintenance, The Beach House Inn at Hermosa Beach, 1300 The Strand, Hermosa Beach, CA; 310-374-3001.
5. Jerry Cronk, Supervisor, The Beach House Inn at Hermosa Beach, 1300 The Strand, Hermosa Beach, CA; 310-374-3001.

18. Doctors and hospitals:

1. City of Hermosa Beach Paramedics, Hermosa Beach Fire Department (310-379-7725); 10/14/06. Bill: \$815.00.
2. Little Company of Mary Hospital, 4101 Torrance Blvd., Torrance, CA (310-540-7676); 10/14/06 – 10/15/06. Bill: \$8,419.25.
3. James Hall, M.D., Admitting and Attending physician; 10/14/06 – 10/15/06. Bill: Appx. \$1,425.00
4. Emergency Specialist Phys. Med. Assoc., Paul Marut, M.D., 4401 W. Memorial Rd., #121, Oklahoma City, OK 73134 (800-749-4560); 10/14/06. Bill: \$567.00.
5. Advanced Imaging of South, P.O. BOX 14340, Irvine, CA 92623-4340; 10/14/06 - 10/15/06. Bill: Appx. \$229.00
6. Heidi Wu, M.D., Internist, 8787 Beverly Blvd., Ste. 203, West Hollywood, CA 90048 (310-659-9950); 10/18/06, 10/25/06, 10/31/06. Bill: \$700.00.
7. Andrew B. Weiss, M.D., Beverly Hills Orthopedic Group, 120 S Spalding Dr., #401 Beverly Hills, CA 90212, (310-659-2910); 6/26/06, 10/27/06. Bill: \$535.00.
8. Jonathan I. Macy, M.D., Macy Eye Clinic, 8635 West Third Street, Ste. 360 West, Los Angeles, CA 90048 (310-657-2777); 10/20/06. Bill: \$310.00.

19. Diagram: see attached.



# CITY OF HERMOSA BEACH

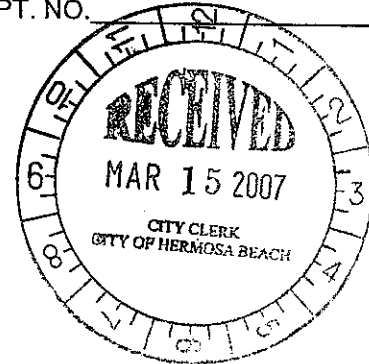
RECEIVED  
MAR 15 2007

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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

HELEN M PRICE

Home Address Of Claimant

2144 LOMA DR, HERMOSA, 90254

Occupation of Claimant

retired

Business Address of Claimant

n/a

Home Telephone Number

(310) 372-0906

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

as above

Business Telephone Number

n/a

Date of Damage/Loss/Injury

Monday March 12, 2007

A.M. Time P.M.

Place of Damage/Loss/Injury

1660 Monterey Blvd (east side)

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

Stumbled and fell on uneven pavement. Tried to catch myself on picket fence at said address, stressing my right shoulder and twisting my lower torso area.

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.

I have called City Hall about this uneven pavement problem before - I have fallen twice at this address (and by St Cross Church driveway). Broke my ankle in Aug '2006

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)

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Damages incurred to date (exact):

Expenses for medical and hospital care ..... \$ \_\_\_\_\_

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 ..... \$ \_\_\_\_\_

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 Only persons I saw were workmen at Address the new condos at 16th Street and a Verizon Phone \_\_\_\_\_

Name phone installer who had already gone to the near Address \_\_\_\_\_ Phone \_\_\_\_\_

Name residence (@1660) Address \_\_\_\_\_ Phone \_\_\_\_\_

DOCTORS and HOSPITALS:

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Date Hospitalized \_\_\_\_\_

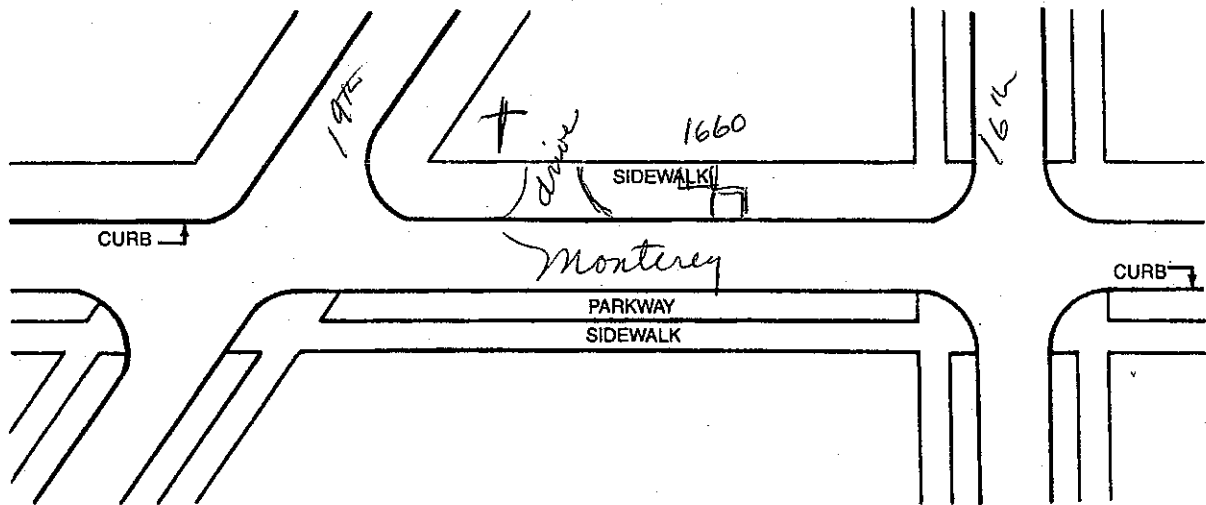
Doctor \_\_\_\_\_ Address \_\_\_\_\_ Date of Treatment \_\_\_\_\_

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:

Typed Name:

Date:

*De M Price*

*March 13, 2007*