

June 5, 2007

Honorable Mayor and Members of
The Hermosa Beach City Council

Regular Meeting of
June 12, 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: McHugh, John
 Date of Loss: Unknown
 Date Filed: 05-15-07
 Allegation: Property damage

2. Claimant: McHugh, John
 Date of Loss: Unknown
 Date Filed: 05-15-07
 Allegation: Property damage

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

Respectfully Submitted,

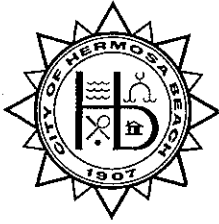


Michael A. Earl, Director
Personnel & Risk Management

Concur:



Stephen R. Burrell
City Manager



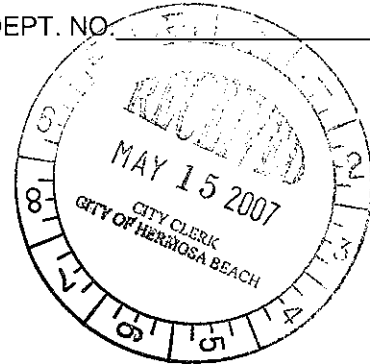
CITY OF HERMOSA BEACH

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

John McHugh

Home Address of Claimant

2130 MONTEREY BLVD -

Occupation of Claimant

REAL ESTATE BROKER

Business Address of Claimant

SAME AS ABOVE

Home Telephone Number

310 / 376-1371

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

SAME AS ABOVE

Business Telephone Number

310 872-9888

Date of Damage/Loss/Injury

ONE TO TWO MONTHS AGO -

? A.M. Time P.M.

Place of Damage/Loss/Injury

BACK WALL ON LOMA DRIVE -

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

PAVING COMPANY DOING SLURRY ON LOMA DRIVE - BOTTOM 6 INCHES ON WALL AS WELL AS ON STAMPED CONCRETE INSIDE GATE -

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:

INCOMPETENCE ON THE PART OF THE WORKERS.

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)

WANT WALL & CONCRETE TO BE IN SAME CONDITION AS IT WAS BEFORE SLURRY COAT.

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 JANET McHugh Address 2130 MONTEREY Phone 310/376-1371
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

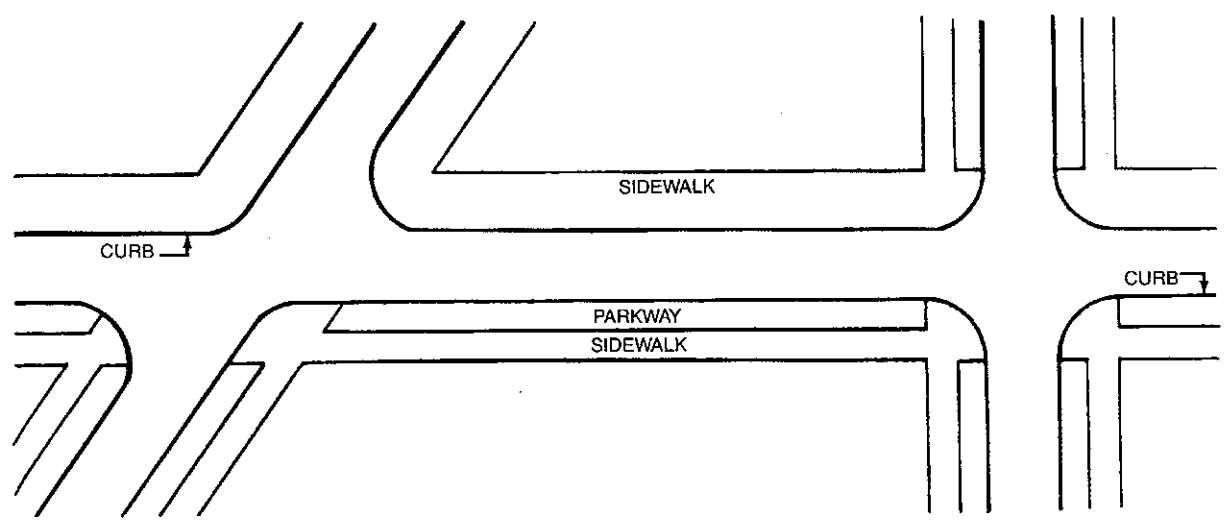
DOCTORS and HOSPITALS:

Hospital _____ Address _____ Date Hospitalized _____
 Doctor _____ Address _____ Date of Treatment _____
 Doctor _____ Address _____ Date of Treatment _____

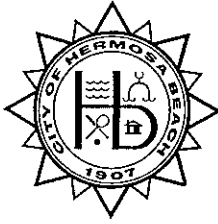
READ CAREFULLY

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: <u>John W. McHugh</u>	Typed Name: <u>JOHN W. McHUGH</u>	Date: <u>5/15/07</u>
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CITY OF HERMOSA BEACH

CLAIM REPORTING FORM FOR ALL PERSONS OR PROPERTY

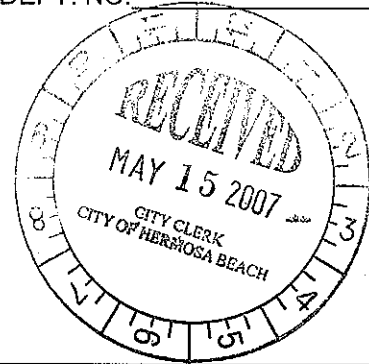
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Name of Claimant

JOHN MCHUGH

Home Address Of Claimant

2130 MONTEREY, HERMOSA Bch.

Occupation of Claimant

REAL ESTATE BROKER

Business Address of Claimant

SAME AS ABOVE

Home Telephone Number

(310) 376-1371

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

SAME AS ABOVE

Business Telephone Number

(310) 872-9888

Date of Damage/Loss/Injury

UNKNOWN 1-3 years ago

Time
A.M. P.M.

Place of Damage/Loss/Injury

2130 MONTEREY BLVD.

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

STEEL PLATES WERE DROPPED ON MY DRIVEWAY APRON + CAUSED A LARGE CHIP @ 3"X5"

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.

GAS COMPANY LAYING NEW LINES ON MONTEREY.

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 repair to prior condition -

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 \$ _____

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DOCTORS and HOSPITALS:

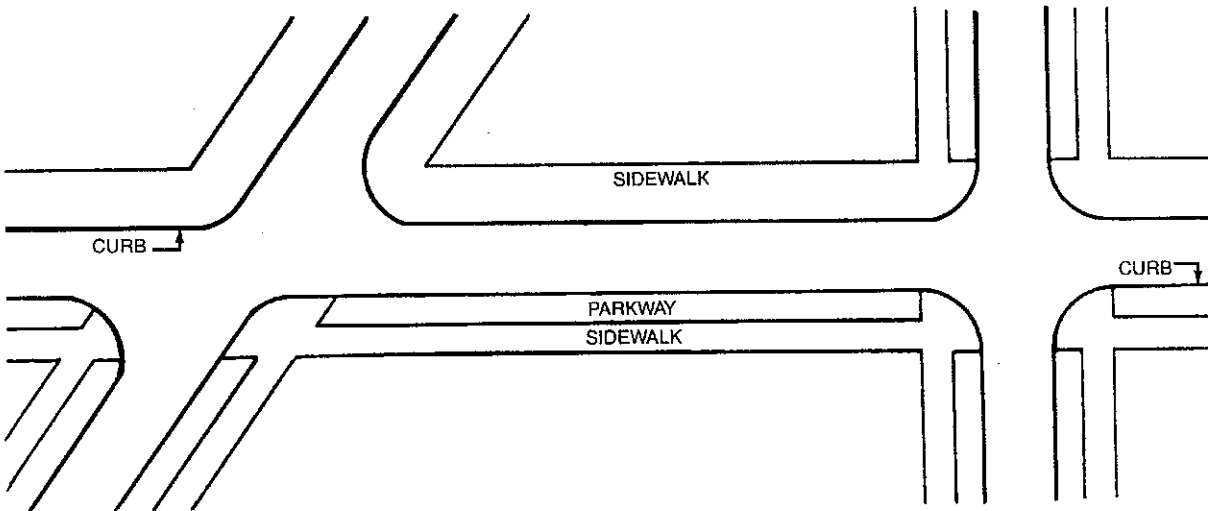
Hospital _____ Address _____ Date Hospitalized _____
 Doctor _____ Address _____ Date of Treatment _____
 Doctor _____ Address _____ Date of Treatment _____

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NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



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John W. McHugh

Typed Name:

JOHN W. McHugh

Date:

5/15/07