

July 18, 2007

Honorable Mayor and Members of
The Hermosa Beach City Council

Regular Meeting of
July 24, 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: Mary C. Apodaca
Date of Loss: 07-08-07
Date Filed: 07-16-07
Allegation: Personal Injury

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

Respectfully Submitted,

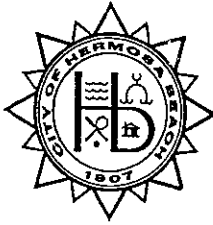


Michael A. Earl, Director
Personnel & Risk Management

Concur:



Stephen R. Burrell
City Manager



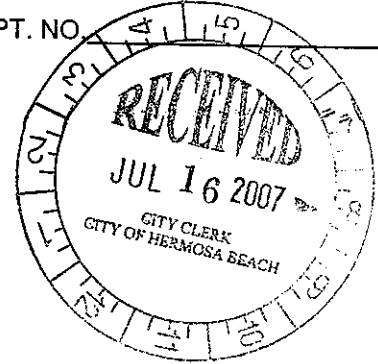
CITY OF HERMOSA BEACH

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

MARY C. Apodaca

Home Address Of Claimant 17700 Avalon Bl. #128
 @CARSON, CA 90746

Occupation of Claimant

Retired

Business Address of Claimant

Home Telephone Number

(310) 516-6919

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

7-8-07

11:30 (A.M.) Time P.M.

Place of Damage/Loss/Injury

PARKING LOT behind Lighthouse - Catalina & pier

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

Parking lot is full of pot holes + I tried to avoid them but I stepped in one & fell down. I put my left hand down to break my fall but still fell to pavement

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 Horrible Shame of the CITY PARKING Lot - It's full of pot holes

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

See Diagram Page 3

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

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 Helen Riwaldi Address 20801 Amie Ave #101 Phone 310-542-1139

* Name Amanda Ridenour Address TORRANCE, CA 90503 Phone 310-376-9833
Lighthouse Phone 310-372-6911

Name _____ Address 30112 Ave Phone _____
HERMOSA BCH,
CA-

DOCTORS and HOSPITALS:

Hospital _____ Address _____ Date Hospitalized _____

Doctor Dr. J. Annable Address 30911 EARL ST Date of Treatment 7-9-07
TORRANCE, CA 90503 - Phone: 310-542-0455

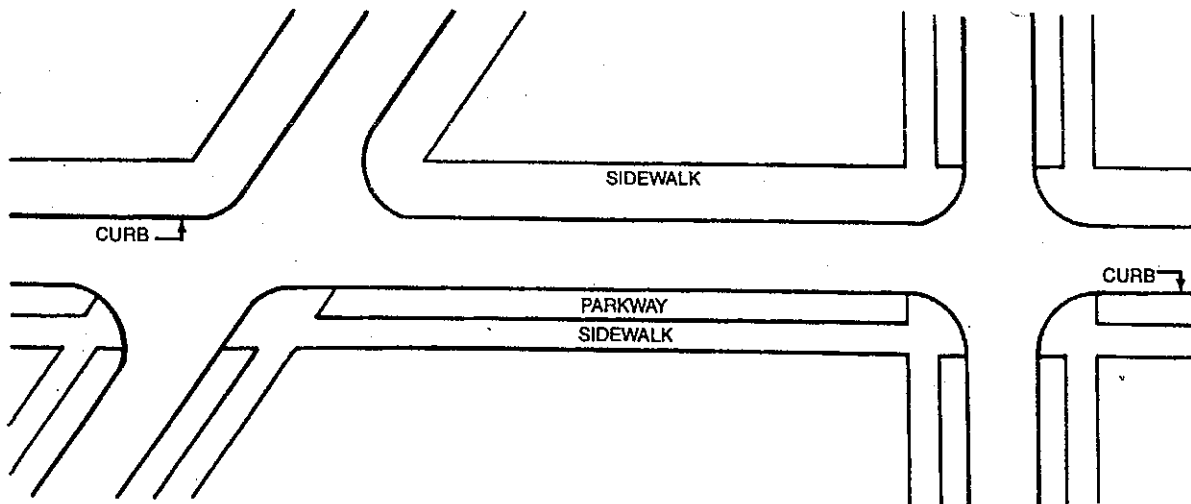
Doctor Dr. T. Haydel Address 23242 Hawthorne Bl Date of Treatment 7-9-07
TORRANCE CA 90503
Phone: 310-373-0354
7-10-07
7-11-07

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:

Mary B. Apodaca

7-13-07

She was not an actual witness but I told her about the fall. She gave me a hand and for my wound on left arm.