

August 30, 2007

Honorable Mayor and Members of
The Hermosa Beach City Council

Regular Meeting of
September 11, 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: Reynolds, Peter
Date of Loss: 08-19-07
Date Filed: 08-23-07
Allegation: Property damage

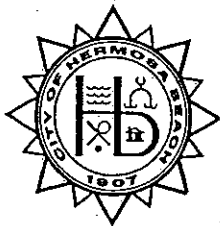
A copy of this claim is on file in the City Clerk's office.

Respectfully Submitted,


Michael A. Earl, Director
Personnel & Risk Management

Concur:


Stephen R. Burrell
City Manager



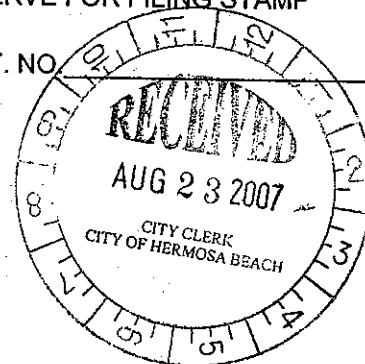
CITY OF HERMOSA BEACH

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

PETER J. Reynolds

Home Address Of Claimant

2307 Rockefeller Ln

Occupation of Claimant

Sound Editor

Business Address of Claimant

Same

Home Telephone Number

(310) 714-5395

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

8-19-07

10



Time

P.M.

Place of Damage/Loss/Injury

Hermosa Beach Public Tennis Courts

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

Parking at curb. curb is cracked and caught my tire & ripped.

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.

cracked curb popped tire.

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

Damages incurred to date (exact):
 Expenses for medical and hospital care \$ _____
 Loss of earnings \$ _____
 Special damages for \$ ~~_____~~
 General damages \$ + 375.85
 Total damages incurred to date \$ ~~_____~~ 375.85

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 \$ _____

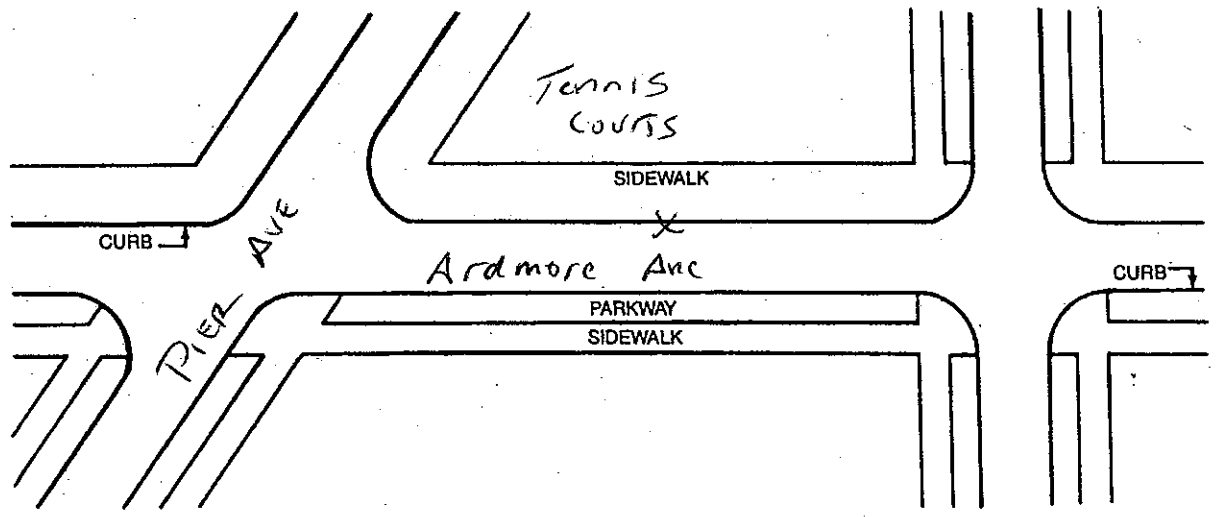
WITNESSES to DAMAGE or INJURY: LIST ALL PERSONS and addresses of persons known to have information:
 Name John Reynolds Address Darby Phone 818-652-7025
 Name Don Di Tomasso Address Upland, CA Phone 310-676-4659
 Name _____ Address _____ Phone _____

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>Peter J. Reynolds</u>	Typed Name: <u>PETER J. REYNOLDS</u>	Date: <u>8-23-07</u>
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