

MEMORANDUM

TO: HONORABLE MAYOR & CITY COUNCIL MEMBERS
FROM: GARY GYVES, SENIOR ADMINISTRATIVE ANALYST *GG*
DATE: MARCH 16, 2010
SUBJECT: CLAIM AGAINST THE CITY BY RANDALL FLEECE
REVIEWED: CAROLYN LEHR, CITY MANAGER *CL*

RECOMMENDATION

Reject the claim and direct staff to notify the claimant.

BACKGROUND

A tree branch fell on the claimant's fence during a recent storm. The incident allegedly occurred on January 20, 2010 and the claim was filed on February 3, 2010.

The City's Claims Administrator, Carl Warren and Company, has reviewed the claim and advised the City to reject the claim.

Attachment:
1) Claim

CITY CLERK'S OFFICE

CLAIM FOR DAMAGES

30940 Hawthorne Blvd.
Rancho Palos Verdes, CA 90275

TO PERSON OR PROPERTY

RESERVE FOR FILING STAMP

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CLAIM NO. RPV 10-03

RECEIVED
CITY OF RANCHO PALOS VERDE

FEB 03 2010

CITY CLERK'S OFFICE

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. SIGN EACH SHEET.

TO: CITY OF Rancho Palos Verdes

Date of Birth of Claimant
7/11/72

Name of Claimant RANDALL FLEECE

Occupation of Claimant
ACCOUNTING

Home Address of Claimant [REDACTED] City and State
RPV CA

Home Telephone Number
[REDACTED]

Business Address of Claimant [REDACTED] City and State

Business Telephone Number
[REDACTED]

Give address and telephone number to which you desire notices or communications to be sent regarding this claim: SAME - [REDACTED]

Claimant's Social Security No.
[REDACTED]

When did DAMAGE or INJURY occur?
Date 1/20/10 Time UNKNOWN

Names of any city employees involved in INJURY or DAMAGE

If claim is for Equitable Indemnity, give date claimant served with the complaint:

Date

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet. Where appropriate, give street names and address and measurements from landmarks: [REDACTED] RPV CA 90275

Describe in detail how the DAMAGE or INJURY occurred.

WIND/RAIN STORM CAUSED TREE (LOCATED BETWEEN SIDEWALK & STREET) TO BREAK APART AND FALL ON MY FENCE LOCATED AT ADDRESS AB

Why do you claim the city is responsible?

I CALLED PUBLIC WORKS ON 1/25/10 AND THEY SAID TO COME IN AND FILL OUT CLAIM FORM. THAT DAY THEY CAME OUT TO ADDRESS AND CLEANED THE DEBRIS.

Describe in detail each INJURY or DAMAGE

FENCE BOARDS HAVE BROKEN, LEAVING A LARGE GAP IN FENCE. FENCE STRUCTURE IS MARGINALIZED. IT IS SWAYING BACK AND FORTH, WORRIED ABOUT IT FALLING OVER CAUSING INJURY.

SEE PAGE 2 (OVER) THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

Damages incurred to date (exact):

Damage to property\$ _____
 Expenses for medical and hospital care\$ _____
 Loss of earnings\$ _____
 Special damages for\$ _____
 General damages\$ _____
 Total damages incurred to date\$ _____

Total amount claimed as of date of presentation of this claim: \$ _____

Estimated prospective damages as far as known:

Future expenses for medical and hospital care\$ _____
 Future loss of earnings\$ _____
 Other prospective special damages\$ _____
 Prospective general damages\$ 500
 Total estimate prospective damages\$ _____

Was damage and/or injury investigated by police? _____ If so, what city? _____
 Were paramedics or ambulance called? _____ If so, name city or ambulance _____
 Injured, state date, time, name and address of doctor of your first visit _____

WITNESSES to DAMAGE or INJURY: List all persons and addresses of persons known to have information:

Name PUBLIC WORKS Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

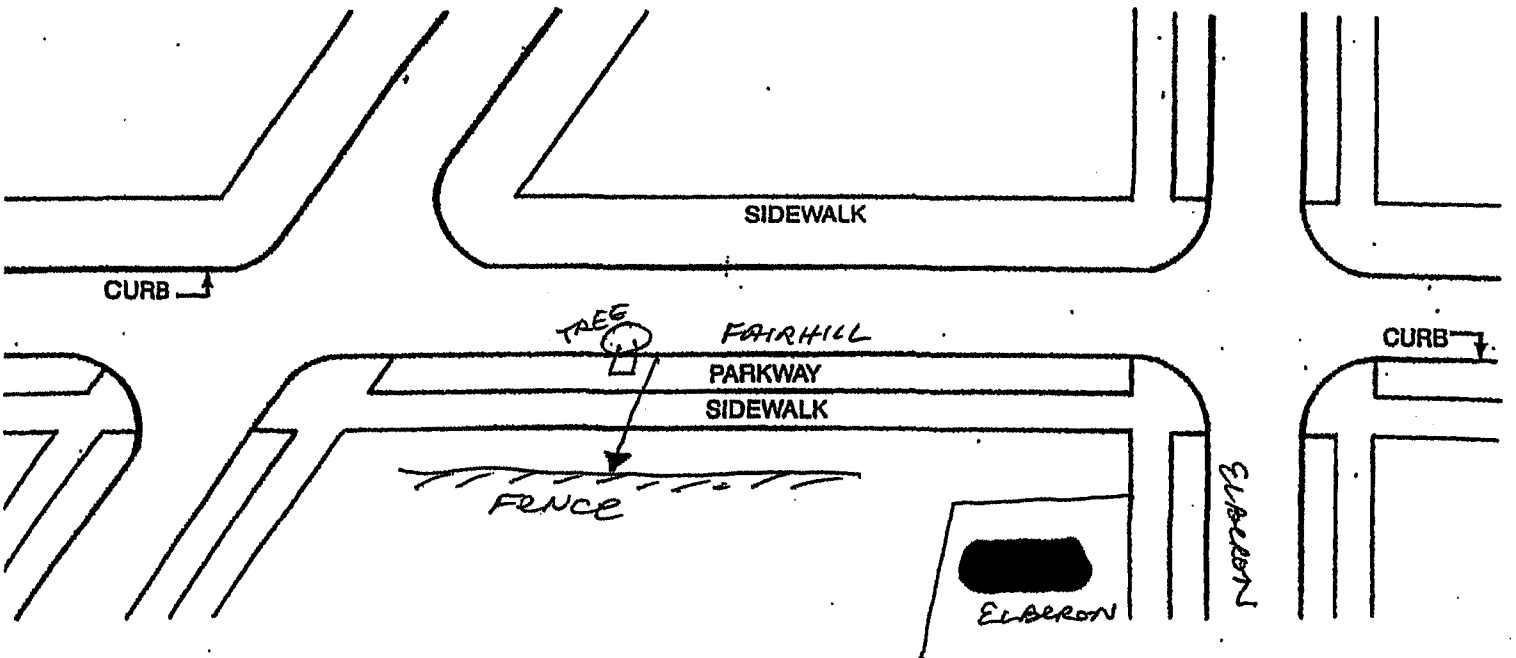
DOCTORS and HOSPITALS:

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 "A" and by showing house numbers 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 behalf giving relationship to Claimant: _____	Typed Name: <u>RANDALL FLEES</u>	Date: <u>02/02/11</u>
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NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72.)