

Council Agenda Report

To: Mayor Barovsky and the Honorable Members of the City Council

Prepared by: Lisa Pope, City Clerk *L. Pope*

Approved by: Katie Lichtig, City Manager *Katie*

Date prepared: August 30, 2004 Meeting date: September 13, 2004

Subject: Denial of Claim for Damages filed by Sara Bronson

RECOMMENDED ACTION: Deny claim filed by Sara Bronson.

FISCAL IMPACT: There is no immediate fiscal impact to the City for denying the claim.

DISCUSSION: On August 13, 2004, Sara Bronson served the City with a claim alleging injury caused by an uneven and broken sidewalk.

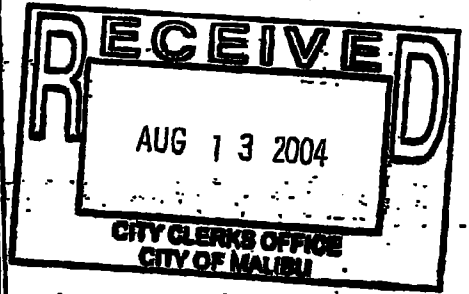
Staff submitted said claim to Carl Warren & Co., the City's Claims Management Adjusters. Pursuant to the provisions of the Government Code all claims must be responded to within 45 days of receipt. Failure to take any action will extend the statute of limitations to two years.

ATTACHMENTS: Claim for damages received August 13, 2004

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

RESERVE FOR FILING STAMP

CLAIM No. _____



INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 6 mos. 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 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.
7. Claim must be filed with City Clerk. (Gov. Code Sec. 915a)

To: The City of _____

Name of Claimant

SARA BRONSON

Age of Claimant (if natural person)

31

Home Address of Claimant

29500 HEATHERCLIFF RD #249

City and State

MALIBU, CA

Home Telephone Number

(310) 457-1253

Business Address of Claimant

Business Telephone Number

Give address to which you desire notices or communications to be sent regarding this claim:

29500 HEATHERCLIFF RD #249 MALIBU, CA 90265

How did DAMAGE or INJURY occur? Give full particulars.

SEE ATTACHED LETTER

When did DAMAGE or INJURY occur? Give full particulars, date, time of day:

SEE ATTACHMENT

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where appropriate, give street names and addresses and measurements from landmarks:

SEE ATTACHED LETTER

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known:

IMPROPER MAINTENANCE

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:

SEE ATTACHED LETTER

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation:

UNKNOWN AT THIS TIME
HAVE NO DENTAL INSURANCE

Give ESTIMATED AMOUNT as far as known you claim on account of each item of prospective injury or damage, giving basis of computation:

UNKNOWN AT THIS TIME

SEE PAGE 2 (OVER)

CC: CM; CA; AS

THIS CLAIM MUST BE SIGNED ON REVERSE SIDE

Insurance payments received, if any, and names of Insurance Company:

Expenditures made on account of accident or injury: (Date - Item) (Amount)
AUG 3 DR HONIGSMAN \$75
DR PATRICK \$310

Name and address of Witnesses, Doctors, and Hospitals:
URGENT CARE 23056 PCH MALIBU
DR. HONIGSMAN 23440 CIVIC CENTER WAY, MALIBU
DR. JAMES H. BROWN 1234 7th ST. SANTA MONICA
DR. HOWARD PARKER 1804 15th ST #213 SANTA MONICA

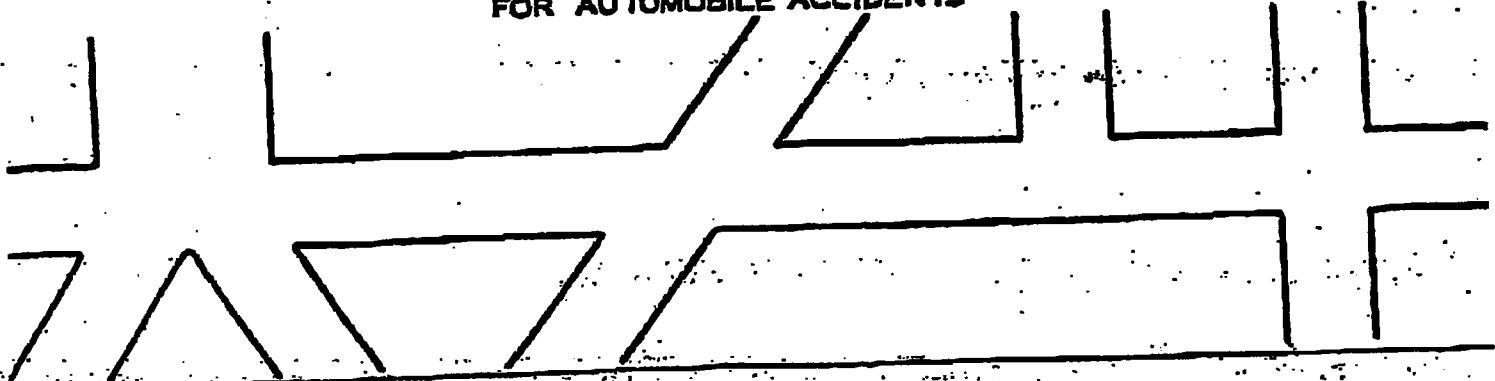
READ CAREFULLY

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners.

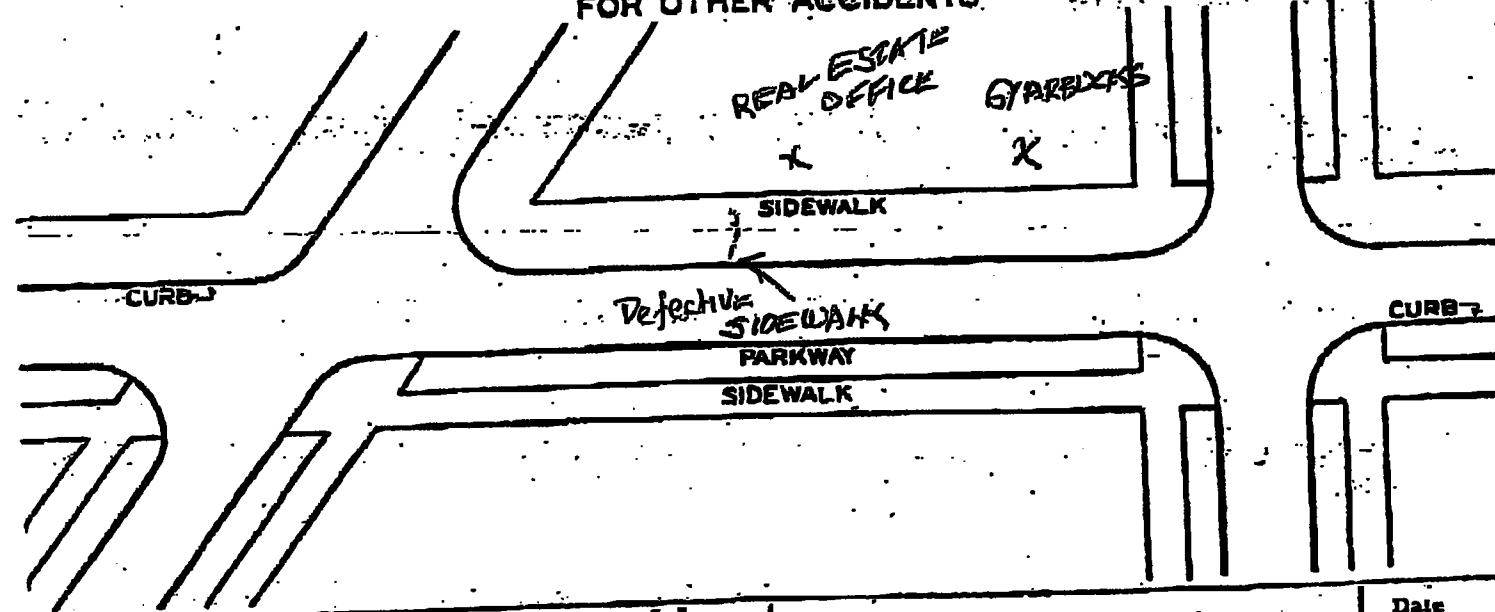
If City Vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident 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.

FOR AUTOMOBILE ACCIDENTS



FOR OTHER ACCIDENTS



Signature of Claimant or person filing on his behalf giving relationship to Claimant:

Sara Bronson

Typed Name:

SARA BRONSON

Date

8/9/00

CLAIMS MUST BE FILED WITH CITY CLERK (GOV. CODE SEC. 915a).

Sara Bronson
29500 Heathercliff Road #249
Malibu, Ca. 90265
(310) 457-1253

August 9, 2004

City of Malibu
23185 Stuart Ranch Road
Malibu, Ca 90265

Attention. Lisa Pope

I was walking with my daughter on the west side of Cross Creek Road near the Sotheby Real Estate office when I fell forward and landed on my face. injuring my cheekbone, jaw, lip and knee and front tooth. This occurred on Tuesday August 3, 2004 about 1 pm. After I fell a woman and my daughter helped me up and looked to see what had caused the fall. We saw that the sidewalk was uneven and broken.

I was taken immediately to Urgent Care here in Malibu, where I was examined by Dr. Frankle .X rays were taken and was told to see a dentist immediately. Dr. Frankle called Dr Hirsch and arranged for an emergency visit. Dr. Hirsch took an x ray and said that I needed a root canal, and suggested that it be taken care of immediately. He then recommended Dr Holcom in Santa Monica who specializes in root canals and made a call to arrange for my visit.

My daughter drove me to Santa Monica where Dr. Holcom was waiting for me. He checked the X ray that Dr Hirsch had taken and thought that he could save the tooth. He started to drill and stopped and said the tooth could not be saved and should be immediately removed.

He called Dr. Parke and arranged for him to wait for me and remove the damaged tooth. We arrived around 5 pm at his office where he removed the tooth, and I was told to return to Dr. Hirsch at 8 am August 5th for a temporary tooth. I kept that appointment and when I was examined Dr. Hirsch was unable to do anything because of the swelling.

I revisited Dr Hirsch today and was given the options of what to do about my missing front tooth. Attached is a copy of the options.

I trust you will give this accident your immediate attention.

Thank You!



Sara Bronson

THOMAS R. HIRSCH, D.D.S.

A PROFESSIONAL CORPORATION

23440 CIVIC CENTER WAY, SUITE 206 · MALIBU, CA 90265 · (310) 456-3363 · FAX (310) 456-7188

8-9-04

Implant & Crown \$7,500

Conventional bridge \$3,500

Mayland bridge \$2,000

~~Root canal, post, & Crown \$2,700~~

not an option because of fractured tooth

Hirsch DDS

Recommendation: Mayland bridge
\$2,000

Sarah Branson