



## 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 Stephen Allan Diamond

*updated*

The following information is required by the Federal government for all claims of personal injury:

*from 12/31/18*

Social Security Number: \_\_\_\_\_

Date of Birth: January 28, 1970

Home Address Of Claimant

1827 Stanford Avenue  
Redondo Beach, CA 90278

Occupation of Claimant

Attorney

Business Address of Claimant

1230 Rosecrans Avenue, Suite 450  
Manhattan Beach, CA 90266

Home Telephone Number

( 310 ) 872-6221

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

c/o Tom Donahue of Donahue & Horrow, LLP; (310) 322-0300; 1960 E. Grand Avenue, Suite 1215, El Segundo, CA 90245

Business Telephone Number

( 310 ) 297- 9900 9900

Date of Damage/Loss/Injury

August 22, 2018

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

Place of Damage/Loss/Injury The closest street address to incident is: 2626 Hermosa Ave., Hermosa Beach, CA 90254.

At approximately Hermosa Avenue and 26th Street near street parking and parking meter(s). See diagram attached as Exhibit A.

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

A hole in the walkway/sidewalk created a dangerous condition on public property. While attempting to pay his meter, Mr. Diamond fell into a hole and broke his ankle. See diagram attached hereto as Exhibit A.

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 city of Hermosa Beach failed to fill a large hole in walkway/sidewalk which created a dangerous condition on public property. See diagram showing location attached hereto as Exhibit A. Please note, closest street address to incident

is 2626 Hermosa Ave., Hermosa Beach, CA 90254.

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

Unknown at this time.

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 FORM

F/B95/Personnel/claim form

**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 ..... \$ Greater than \$25,000.

Damages exceed \$25,000. Jurisdiction rests with Superior Court, unlimited jurisdiction.

**WITNESSES to DAMAGE or INJURY: LIST ALL PERSONS and addresses of persons known to have information:**

Name Erin Hollandsworth Address 2227 Monterey Blvd. Phone (310) 591-7795  
Hermosa Beach, 90254  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

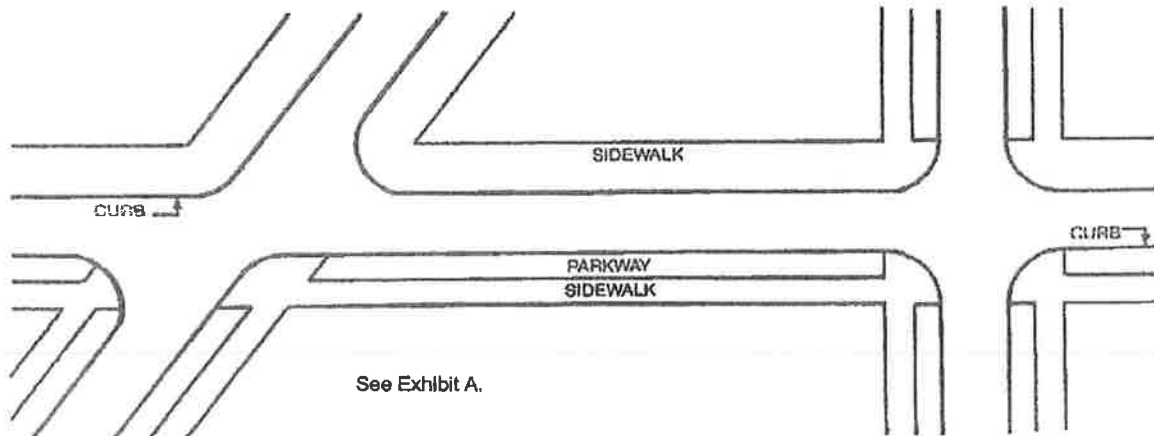
**DOCTORS and HOSPITALS:**

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Date Hospitalized \_\_\_\_\_  
 Doctor Joan Williams, M.D. Address Orthopaedic Center - Santa Monica Date of Treatment August 2018 - present  
1250 16th Street, Suite 2100  
 Doctor \_\_\_\_\_ Address Santa Monica, California 90404 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:

Typed Name:

Thomas E. Donahue

Date:

1/22/19

YOUR CLAIM WILL BE PLACED ON A CITY COUNCIL AGENDA FOR ACTION BY THE CITY COUNCIL. YOUR CLAIM WILL BE IN THE PUBLIC DOMAIN; CLAIM FORMS ARE PUBLIC RECORDS; CITY COUNCIL AGENDAS ARE POSTED ON THE CITY'S WEBSITE; THE MEETING AT WHICH YOUR CLAIM WILL BE CONSIDERED IS BOTH CABLECAST AND STREAMED LIVE OVER THE INTERNET; MINUTES OF THE MEETING WILL REFLECT THE ACTION TAKEN ON YOUR CLAIM AND ARE POSTED ON THE CITY'S WEBSITE.

**PLEASE REMEMBER TO SIGN CLAIM FORM**

# EXHIBIT A

