



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
Barbara Stafford

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

Social Security Number: _____

Date of Birth: April 5, 1939

Home Address Of Claimant
123 S. Catalina Avenue, #120, Redondo Beach, CA 90277

Occupation of Claimant
Retired

Business Address of Claimant

Home Telephone Number

(310) 698-2722

Give address and telephone number to which you desire notices or communications to be sent regarding this claim. Carpenter, Zuckerman & Rowley, 8827 West Olympic Boulevard, Beverly Hills, CA 90211, 310-273-1230

Business Telephone Number

()

Date of Damage/Loss/Injury
On or about December 23, 2018

Time
A.M. 12:00 P.M.

Place of Damage/Loss/Injury
415 Vincent Street, Redondo Beach, CA 90277

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

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.

(See Attachment).

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 \$ Unknown at this time.
 Loss of earnings \$ Unknown at this time.
 Special damages for..... \$ Unknown at this time.
 General damages..... \$ Unknown at this time.
 Total damages incurred to date..... \$ Unknown at this time.

Estimated expenses for medical and hospital care

Future expenses for medical and hospital care \$ Unknown at this time.
 Future loss of earnings \$ Unknown at this time.
 Other prospective special damages \$ Unknown at this time.
 Prospective general damages \$ Unknown at this time.
 Total estimate prospective damages \$ (See Attachment).

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

Name Unknown at this time. Address _____ Phone _____
 Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

DOCTORS and HOSPITALS:

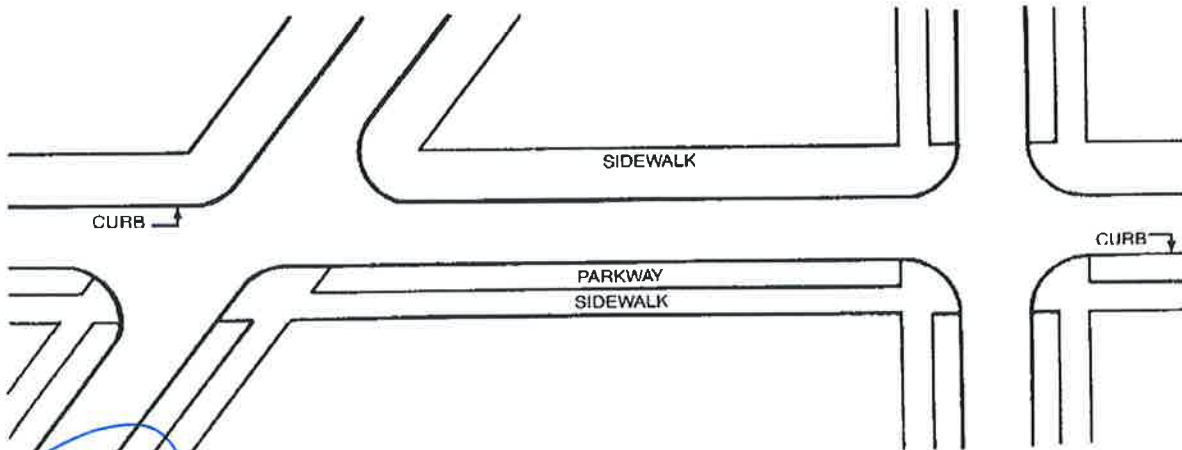
Hospital Torrance Memorial Med. Ctr. Address 3330 Lomita Blvd. Date Hospitalized _____
Torrance, CA 90505
 Doctor Providence Little Company of Mary Med. Ctr. Address 4101 Torrance Blvd. Date of Treatment _____
Torrance, CA 90503
 Doctor The Wright Home Care, Inc. Address 6060 W. Manchester Ave. #113 Date of Treatment _____
Los Angeles, CA 90045

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:

Paul S. Zuckerman,
Attorney for Claimant

Date:

6/10/19

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

CLAIM FORM FOR DAMAGES TO PERSON
ADA/CIVIL CODE ATTACHMENT

The WAVE Dial-A-Ride, the City of Redondo Beach, the City of Hermosa Beach and Parking Concepts, Inc. (hereinafter collectively referred to as "Public Entities") and their agents and employees constitute public accommodations and/or public facilities and are subject to the requirements of Health & Safety Code Section 19955, Civil Code Sections 51, 51.5, 52(a), 54, 54.1 and 54.3 and Title II of the Americans with Disabilities Act of 1990.

On December 23, 2018, Claimant Barbara Stafford ("Claimant") was partially paralyzed and confined to a wheelchair or electric scooter. She was, and is, considered a disabled American. She is a protected member of the class of persons protected by the laws identified herein. The Public Entities and their agents and employees are in violation of these laws because their actions resulted in Claimant's injuries and damages. As referenced earlier, the Public Entities did not adequately accommodate Claimant.

Without limitation, Claimant arranged for the Public Entities agents/employees to transport Claimant in WAVE Dial-A-Ride vehicle in a vehicle designed to accommodate an individual in a motorized scooter and with a driver skilled in assisting such individuals on and off the vehicle. The Public Entities failed to properly transport Claimant on or about December 23, 2018 given her limitations due to being immobile. More specifically, as Claimant was exiting the vehicle in her motorized scooter and was on the lift portion extending from the vehicle to the ground, the vehicle operator prematurely retracted the lift and caused Claimant to fall over and sustain serious injuries. Said vehicle operator was inadequately and improperly trained by the employees/agents of the Public Entities.

The facts of this incident amounted to the denial of proper legal access to Claimant and was in violation of California's legal requirements. Claimant suffered a violation of her civil rights to full and equal access, was severely injured, and was embarrassed and humiliated. As a result of this denial of access, Claimant suffered, without limitation, severe and permanent physical injuries.

1. The Public Entities' actions and omissions and failure to act as a reasonable and prudent public accommodation violates § 51 of the *Civil Code*, which, without limitation, incorporates violations of the Americans with Disabilities Act of 1990.
2. The acts and omissions of the Public Entities and their agents/employees are discriminatory in nature and in violation of *Civil Code* § 51.5.
3. The Public Entities and their agents/employees' acts and omissions as specified have denied to Claimant full and equal accommodations, advantages, facilities, privileges, and services in a business establishment, on the basis of physical disability, in violation of *Civil Code* §§ 51 and 51.5.
4. As a legal result of the violations of Claimant's civil rights, Claimant has suffered the damages set forth herein and is entitled to, without limitation, the rights and remedies set forth in *Civil Code* 52(a), which include (without limitation): her damages, a trebling of her actual damages to be no less than \$4,000, as well as attorney's fees and costs.
5. ND: 4826-3437-0201, v. 1