CITY OF RANCHO PALOS VERDES

TO: HONORABLE MAYOR & CITY COUNCIL MEMBERS

FROM: CARLA MORREALE, CITY CLERK

DATE: SEPTEMBER 3, 2013

SUBJECT: CLAIM AGAINST THE CITY BY MARIAN McCANN

REVIEWED: CAROLYN LEHR, CITY MANAGER

RECOMMENDATION

Reject the claim and direct staff to notify the claimant.

BACKGROUND

The claimant alleges that on May 25, 2013, she was driving on Palos Verdes Drive South near Terranea Resort and a low-hanging wire from a construction area caught her roof rack and damaged it.

The City's Claims Administrator, Carl Warren and Company, has reviewed the claim and advised the City to reject the claim as the wire is owned and maintained by the telephone company, not the City of Rancho Palos Verdes.

Attachment:

Claim

FILE WITH:
CITY CLERK'S OFFICE
City of Rancho Palos Verdes
30940 Hawthorne Blvd.
Rancho Palos Verdes, CA 90275

CLAIM FOR DAMAGES

TO PERSON OR PROPERTY

RESERVE FOR FILING STAMP

CLAIM NO. 2013-07

RECEIVED
CITY OF RANCHO PALOS VERDES
JUN 12 2013
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
MARIAN MCCANN

Date of Birth of Claimant [redacted]

Name of Claimant [redacted]

Occupation of Claimant [redacted]

Home Address of Claimant N/A

City and State

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: [redacted]

Claimant's Social Security No.
PREFER TO GIVE OTHERWI

When did DAMAGE or INJURY occur?
Date 5/25/13 Time 10:45 AM
If claim is for Equitable Indemnity, give date claimant served with the complaint:
Date

Names of any city employees involved in INJURY or DAMAGE
N/A

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on Page 2. Where appropriate, give street names and address and measurements from landmarks:
PALOS VERDES DR @ TERRANEA

Describe in detail how the DAMAGE or INJURY occurred.
I WAS ~~HEADING~~ NORTH (~~WEST~~) ON P.V. DRIVE, BY CULVER CONSTRUCTION AREA A WIRE, WHICH WAS WHITE WAS ~~HANGING~~ LOW & BLENDED ~~WITH~~ WITH CLOUDS ON HORIZON. IT CAUGHT ON & RIPPED OFF MY ROOF RACK. I DRIVE A FORD FOCUS — SO LOW PROFILE CAR,

Why do you claim the city is responsible?
UNSAFE ROAD CONDITION.
I CALLED 911 & NO ONE CAME X30 MINUTES WHEN I REPORTED DOWN WIRE ON A MAJOR ROAD

Describe in detail each INJURY or DAMAGE.
BENT ROOF RACK CLAMPS
SCRATCHED PAINT ON CAR

This Claim Must Be Signed on Page 2

The amount claimed, as of the date of presentation of this claim, is computed as follows:

Damages incurred to date (exact):

Damage to property	$ 400.00
Expenses for medical and hospital care	$ 0
Loss of earnings	$ 0
Special damages for	$ 0
General damages	$ 400.00
Total damages incurred to date	$ 400.00

Estimated prospective damages as far as known:

Future expenses for medical and hospital care	$ 0
Future loss of earnings	$ 0
Other prospective special damages	$ 0
Prospective general damages	$ 400
Total estimate prospective damages	$ 400

Total amount claimed as of date of presentation of this claim: $ 400.00 (TAHOE TRAVERSE FOOT PACK 480 X 2)

Was damage and/or injury investigated by police? NO If so, what city? THEY DID NOT RESPOND

Were paramedics or ambulance called? _____ If so, name city or ambulance _____

If 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 _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

DID NOT TAKE NAMES, AS I THOUGHT POLICE WOULD COME

DOCTORS and HOSPITALS: 0

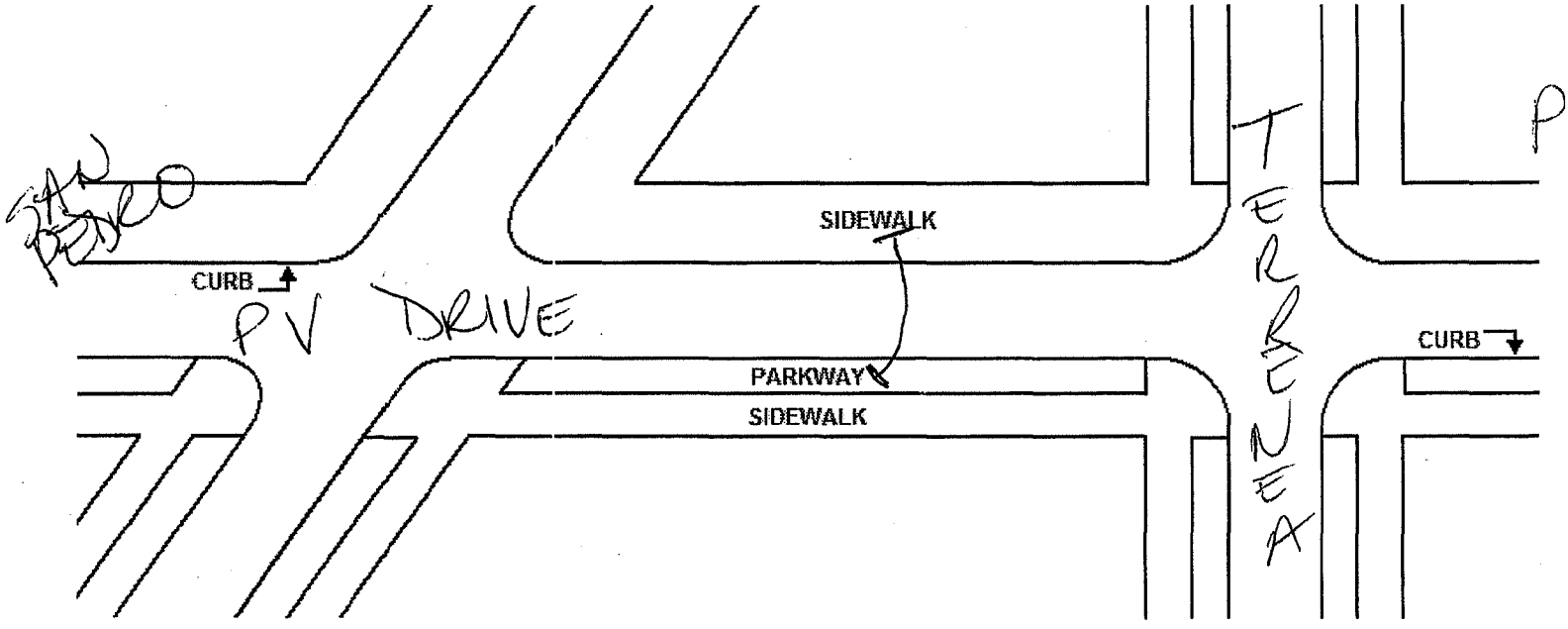
Hospital _____ Address _____ Date Hospitalized _____

Doctor _____ Address _____ Date of Treatment _____

Doctor _____ Address _____ Date of Treatment _____

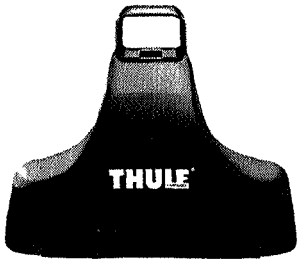
READ CAREFULLY

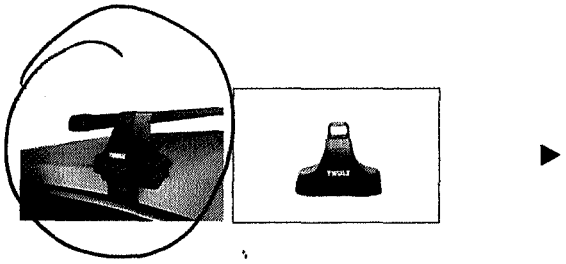
For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and by showing house numbers or distances to street corners. If City Vehicle was involved, designate by letter "A" location of City Vehicle when you first saw 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 the claimant.



Signature of Claimant or person filing on his behalf giving relationship to Claimant:	Typed Name:	Date:
[redacted]	MARIAN MCCANN	6/3/13

NOTE: CLAIMS MUST BE FILED WITH CITY CLERK (Gov. Code Sec. 915a). Presentation of a false claim is a felony (Pen. Code Sec. 72.)





★★★★★

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Thule Traverse Foot Pack 480

The revolutionary new foot which provides the strongest hold, safest fit and easiest installation for the ultimate in roof rack technology and peace of mind.

Add to cart Find a dealer $189.95

- Lockable outer cover with bold, contemporary styling hides and protects foot while blending flawlessly with any roofline.
- Patented MaxClamp Technology provides the most secure attachment by holding the rack to the vehicle with 12% greater force than competitors.
- Requires vehicle and Traverse Foot

Bent
Both sides

X2
189.95
390.90
+ shipping/handling
- installation

specific Fit Kit (sold separately).

- Integrated AcuTight Tensioning Tool automatically indicates when the rack is safely and properly attached to vehicle, assuring the safest and most consistent installation.
- Secures to roof with Thule One KeyTM locks (available separately).
- Exclusive EZAssembleTM Design features 50% fewer parts and requires half the time to install than competitors, incorporating EasyClickTM Bracket Attachment, OneTouchTM Bar Lock and the AcuTightTM Tool for the easiest, fastest and safest mounting available.

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Next product (3/19) 〉

Technical specifications

Fits Aero Profile	✖
Fits SquareBar	✔
Lockable	✔
One Key System compatible	✔
Fit Kit needed	✔

Spare parts

View spare parts

User manual

Download PDF (1328 kb)

Accessories

Thule Square Load Bar Pair

Heavy-Duty steel Square Bars are galvanized and

★★★★★

$89.95

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544 4-Pack Lock Cylinder

Thule One Key Lock Cylinder system - 4 keyed alike locks and

★★★★★

$59.95

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