



SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY
STAFF REPORT

Item No.
10

Meeting Date: **JULY 7, 2011**

Subject:

Authorize the Rejection of the Claim of James A. Jones, Sr.

Recommendation:

Adopt Resolution No. 2011-0075, authorizing the rejection of the claim of James A. Jones, Sr.

Background/Justification:

On May 18, 2011, James A. Jones, Sr. ("Jones") filed a claim with the Authority (Attachment A) alleging that on March 15, 2011, he fell as he rode on an escalator in Terminal Two. Jones claims damages in the amount of \$6,401.00, to include the reimbursement of his trip expenses.

Jones alleges in his claim that on March 15, 2011, he fell as he rode an escalator in Terminal Two. He states the escalator step caught hold of his wheeled luggage to which he held and caused him to lose his balance and fall, resulting in two broken ribs which went undiagnosed until he sought medical treatment in Italy, his planned destination.

Jones's claim should be denied. An investigation into the incident revealed no unsafe condition of public property nor any notice of an unsafe or dangerous condition. A discussion with the claimant revealed he failed to place his wheeled luggage safely on the escalator step. As the escalator steps began to separate, the luggage tugged him backwards, causing his fall.

Fiscal Impact:

Not applicable.

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Environmental Review:

- A. California Environmental Quality Act: The Board action is not a project that would have a significant effect on the environment as defined by the California Environmental Quality Act (CEQA), as amended. 14 Cal. Code Regs. §15378. The Board action is not a "project" subject to CEQA. Cal. Pub. Res. Code §21065.
- B. California Coastal Act: The Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.

Equal Opportunity Program:

Not applicable.

Prepared by:

SUZIE JOHNSON
PARALEGAL



SDCRAA
MAY 18 2011
Corporate Services

FOR AUTHORITY CLERK USE ONLY
Document No.: CL-146
Filed: 5/18/2011

SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY
ACCIDENT OR DAMAGE CLAIM FORM

Please complete all sections.
Incomplete submittals will be returned, unprocessed.
Use typewriter or print in ink.

JAMES A. JONES, Sr.

1) Claimant Name: **JAMES A. JONES, Sr.**
2) Address to which correspondence regarding this claim should be sent:
Telephone No. | Date: 19 April 2011

3) Date and time of incident: Tuesday, 15 March 2011, Aprox 5-6 a.m.

4) Location of incident: Aboard upward moving escalator, baggage area, to DELTA check-in counter, Terminal 2, San Diego International Airport, San Diego, California.

5) Description of incident resulting in claim: Upon entering the DELTA baggage area on my way to go up to the DELTA check-in counter I took the upward moving escalator. I proceeded to take the upward moving escalator pulling behind me my Samsonite wheel-type luggage when one of the steps caught onto one of the luggage materials or wheels---that held back the piece of luggage as I proceeded upward----at this point my body was twisted to my right side and I was pulled to my right and backward (I learned later at Italian emergency clinic that I had broken 2 ribs) when I fell hard on my knees onto the sharp metal steps pushing my right thorax side into the escalator rails hanging onto the flexible rubber rail as I continued upward. Fortunately 2 ladies helped me to stand up---and then I was able to take my luggage off of the escalator. I was able to get my wife & go to the Delta Check-in where we were checked-in. I was given assistance & a wheel chair.

6) Name(s) of the Authority employee(s) causing the injury, damage or loss, if known:
SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY

7) Persons having firsthand knowledge of incident:

MARGA C. JONES

Physician(s):

3 Italian Physicians*

*See Medical attached

8) Describe property damage or personal injury claimed:

THIS ACCIDENT RESULTED IN SERIOUS BODILY INJURY DUE TO INJURED/BROKEN RIBS AND A LOT OF ADDITIONAL PAIN TO MY KNEES. IT ALSO LIMITED OUR PHYSICAL MOBILITY & TRAVEL DURING OUR 3 WEEK STAY IN ITALY.

9) Owner and location of damaged property or name/address of person injured:

James A. Jones, Sr.

10) Detailed list and amount of damages claimed as of date of presentation of claim, including prospective damages. If amount exceeds \$10,000.00, a specific amount need not be included.

*See attached

James A. Jones, Sr.
James A. Jones, Sr.
(Signature)

Dated: 19 April 2011

Claimant:

Notice to Claimant:

Where space is insufficient, please use additional paper and identify information by proper section number.

Return completed form to:

Tony Russell, Director, Corporate Services/Authority Clerk
Corporate Services Department
P.O. Box 82776
San Diego, CA 92138-2776

030100

16 may 2011

FROM: James A. Jones, Sr.

TO: TONY RUSSELL, Director, Corporate Services/
Authority Clerk
Corporate Service Department
P.O. BOX 82776
SAN DIEGO, CALIFORNIA 92138-2776

DEAR TONY RUSSELL:

In addition to information provided on your form regarding my accident of 15 March 2011 I am sending along this letter in order to help clarify some of the events.

DETAILS OF LOSS

Our Delta Airline round-trip Tickets from San Diego to Pisa were purchased expressly to travel to visit our friends and family living in the North, Central & South of Italy.

This accident occurred 15 March 2011, just before checking in for our 6:45 a.m. Delta Flight #2892 at the San Diego, California, International airport, terminal #2 aboard the upward

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moving ESCALATOR located in a baggage area leading up to the 2nd floor & the Delta check-in counter.

Moments after boarding the ESCALATOR my wheel hand pulled luggage got caught on the stairs and pulled me backward down onto the moving stairs twisting my left leg as I fell hard onto my right side against the handrail.

There were very few people in the baggage room area. There were only 2 women a good distance behind me on the moving escalator who arrived and helped me to get up on my feet.

*At the Delta check-in I asked for wheel chair assistance. after getting boarding passes we proceeded to board the Delta aircraft on our 2-stop flight to Pisa, Italy. Soon after arriving in PISA, 16 March at about 10:45, a.m., I went to the Medical Office of Dr. Duilio Maggi for a medical examination in Forte dei Marmi.**

After Dr. Maggi's examination he had me go to the emergency section of the new hospital (ospedale versilla)— emergency (pronto soccorso) for further examination by Dott Franco Innocenti. The radiology examination showed two broken ribs, #'s 9 & 10. Dr. Alessandra Cardosi Carrara,* recommended rest with as little movement possible . It was after Dott Innocenti's examination when I first learned that the my right-side pain was*

Caused by two broken ribs.

Late evening 16 March, Dr. Maggi came to visit me at the hotel. The doctor recommended some pain medication and he often repeated his advice for me not to move for at least 20 days

Because of this unfortunate accident—it was a trip interruption that was a financial loss. Medical doctors advised us not to move about, even though the purposes of the trip was to travel

And visit friends & relatives in the North, Central & South of Italy.

**For doctor's addresses, telephone numbers and statements please see enclosed Dott Duilio Maggi's signed stationary & the Ospedale Versilia, Verbale Di Pronto Soccorso for doctors Dott. Franco Innocenti and Dr. Alessandra Cardo si Carrara*

JONES
TRIP INTERRUPTION
15 MARCH - 6 APRIL 2011
DELTA AIRLINES
SAN DIEGO to ITALY

EXPENSES CLAIMED *

(1) DELTA AIRLINES R/T TICKETS	\$2,095.40	
(2) HOTEL ETRURIA LODGING	\$ 3,995.88	(Euro 2,814.00)
(3) TRANSPORTATION - GAS only	\$ 200.00	(Euro 140.69)
(4) TIPS for airport assistance	\$ 110.00	Disabled assistance (SD, ATL, FCO, PSA) R/T
(5) MEDICAL	none	NO INVOICES THIS DATE
TOTAL	\$6,401.00	Claimed

**See attached, #1,2,3 & #5 & 6*

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Your Receipt and Itinerary

(Scr
you)

Jim & Marga Cottino Jones

JAMESA JONES

2011

DELTA ITINERARY Confirmation # F9BKR

Lv SAN DIEGO--- Tuesday, 6:45am, 15 MARCH 2011

Lv PISA-----Wednesday, 7:10 am, 6 APRIL 2011

James A. Jones, Sr. & Margherita Cottino Jones

Delta :Tel: 800/221-1212 --- Medalion: Tel: 800/325-3999

MARCH						
S	M	T	W	T	F	S
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Skymiles

(2313) &

(1985)

Flight Information

#1056.80

#1038.60

DELTA CONFIRMATION #: F9BKR
TICKET #: 00621868039041-05

Day	Date	Flight	Status	Bkng Class	City	Time	Meals/ Other	Seat/ Cabin
Tue	15MAR	DELTA 2892	OK	L	LV SAN DIEGO AR ATLANTA	645A 149P	F	23A COACH
Tue	15MAR	DELTA 240	OK	L	LV ATLANTA AR ROME- FIUMICINO	350P 635A#	D	25F COACH
Wed	16MAR	DELTA 8199*	OK	L	LV ROME- FIUMICINO AR PISA	945A 1045A	**	COACH
*Operated by ALITALIA EXPRESS As AZ Flt 1663								
Wed	06APR	DELTA 8200*	OK	T	LV PISA AR ROME- FIUMICINO	710A 805A		4A COACH
*Operated by ALITALIA EXPRESS As AZ Flt 1666								
Wed	06APR	DELTA 245	OK	T	LV ROME- FIUMICINO AR NYC-KENNEDY	1200N 350P	D	12A COACH
Wed	06APR	DELTA 2383	OK	T	LV NYC-KENNEDY AR SAN DIEGO	615P 945P	F	12D COACH

Check your flight information online at delta.com or call the Delta Flightline at 800-325-1999.

Key to Terms
- Arrival date different than
departure date

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Baggage and check-in requirements vary by airport and airline, so please check with the operating carrier on your ticket.

Please review Delta's [check-in Requirements](#) and [baggage](#) guidelines for details.

You must be checked in and at the gate at least 15 minutes before your scheduled departure time for travel inside the United States.

You must be checked in and at the gate at least 45 minutes before your scheduled departure time for international travel.

For tips on flying safely with laptops, cell phones, and other battery-powered devices, please visit <http://SafeTravel.dot.gov>.

Do you have comments about our service? Please [email](#) us to share them with us.

** - See [Seats](#) on delta.com
 *** - Multi meals
 *S\$ - Multiple seats
 AR - Arrives
 B - Breakfast
 C - Bagels/Beverages
 D - Dinner
 F - Food available for purchase
 L - Lunch
 LV - Departs
 M - Movie
 R - Refreshments - Complimentary
 S - Snack
 T - Cold meal
 V - Snacks for Sale

Passenger Information

JAMES A JONES

SkyMiles Number: *****962

Silver Medallion®

Billing Details

Receipt Information

Fare Details: SAN DL X/ATL DL X/ROM Q180.00DL PSA M404.00LLXNR5 DL X/ROM DL X /NYC Q180.00DL SAN M161.00TLXSL41 NUC925.00END ROE1.00 XF SAN4.5ATL4.5JFK4.5

Fare: 925.00 USD

Tax: 131.80 TX

Total: 1056.80 USD

Form of Payment AX*****3009

FP A/CUSD0.00/TL18.20

Org Tkt 00621818820210

Org FOP AX*****3009

NON-REF/\$CHANGE FEE

Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply and are displayed in the sections below.

The Medallion status listed reflects a customer's status at the time of ticketing, which may differ from the actual status at the time of flight departure.

This ticket is non-refundable unless issued at a fully refundable fare. Any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Detailed Tax Information

Total Tax: 131.80 USD

XF	13.50	XA	5.00	XY	7.00	YC	5.50	EX	2.20
HB	21.10	IT	27.20	MJ	2.50	VT	7.70	AY	7.50
US	32.60								

Ticketing Details

Scan this barcode at a Delta Self-Service Kiosk to access your reservation.

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You must be checked in and at the gate at least 45 minutes before your scheduled departure time for international travel.
For tips on flying safely with laptops, cell phones, and other battery-powered devices, please visit <http://SafeTravel.dot.gov>.

Do you have comments about our service? Please [email](#) us to share them with us.

F - Food available for purchase
 L - Lunch
 LV - Departs
 M - Movie
 R - Refreshments - Complimentary
 S - Snack
 T - Cold meal
 V - Snacks for Sale

Passenger Information

MARGHERITA COTTINO JONES
SkyMiles Number: *****511

Billing Details

Receipt Information

Fare Details: SAN DL X/ATL DL ROM Q180.00LLXNR5 /-PSA DL X/ROM DL X/NYC Q180.00DL SAN M161.00TLXSL41 NUC925.00END ROE1.00 XF SAN4.5ATL4.5JFK4.5

Fare:	925.00 USD	Form of Payment	AX*****3009
Tax:	113.60 TX	FP A/CUSD110.00/TL132.10	
Total:	1038.60 USD	Org Tkt	00621818820221
		Org FOP	AX*****3009

PENALTY APPLIES

Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply and are displayed in the sections below.

This ticket is non-refundable unless issued at a fully refundable fare. Any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Detailed Tax Information

Total Tax: 113.60 USD

YC	5.50	XY	7.00	US	32.60	XA	5.00	AY	7.50
EX	2.20	HB	13.60	IT	20.00	MJ	1.50	VT	5.20
XF	13.50								

Ticketing Details

Scan this barcode at a Delta Self-Service Kiosk to access your reservation.



TICKET #: 00621866653446-45
Issue Date: 02/25/11 Expiration: 08/30/11
Place of Ticket Issue: TPARES
Issuing Agent Id: DL/B4
Ticket Issue date: 25FEB11
Not Transferable

Save money when you
book your next car or

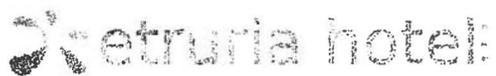
Up to 40% off and earn
100 miles per day, (200

Hotel Search by Hilton
Worldwide.

Up to 25,000 bonus
miles. Plus, no annual

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2/25/2011



via M.Civitali, 13
55042 Forte dei Marmi (LU)

N. verde 800917615
tel 0584 880528
fax 0584 250065

www.etruriahotel.it
info@etruriahotel.it

RICEVUTA N. 31

FORTE DEI MARMI, 06 Aprile 2011

**Soggiorno di n. 21 giorni di Pensione Completa per n. 02 Persone
Sig.ri Jones Sr James Arch e Cottino Margherita**

€ 2.814,00

**HOTEL ETRURIA s.a.s.
Il Galeotti Gabriella & c.
via M.Civitali, 13 - 55042 Vittoria Apuana
FORTE dei MARMI (LU)
Tel. 0584.880528
P.A.T. IVA 01140210450**

A handwritten signature in black ink, appearing to read "Il Galeotti Gabriella & c.".

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Verbale N. 2011014532

VERBALE DI PRONTO SOCCORSO

Cognome*Nome **JONES*JAMES ARCH** Sesso **M** Cod. San. Reg. **08066072532**
 Nato il **20/11/1930** a **STATI UNITI D'AMERICA** Codice fiscale **JNSJSR30S20Z404T**
 Residenza **VIA SANT'ANGELO, 7** **SARTEANO**
 Domicilio **VIA SANT'ANGELO, 7** **SARTEANO**
 Telefono **00** **00**
 ASL **SIENA** Regione **TOSCANA** Cittad. **STATI UNITI D'AMERICA**

Data e ora di ingresso **16/03/2011 16:58** Data e ora di dimissione **16/03/2011 19:49**

Medico Inviante _____ Modalità di Invio **Autopresentazione**
 Dinamica Evento _____ Luogo Evento **IN STRADA**
 Modalità di Accesso **Mezzo Proprio** Tipo Patologia **Dolore toracico**
 Ambulatorio **Emergenza**
 Priorità (Triage) **2 Mediamente critico - Giallo**

Priorità (Esito) **3 Poco critico - Verde**

Sint. Princ. **DOLORE EMICOSTATO DESTRO IN SEGUITO A CADUTA ACCIDENTALE. PZ IN TAO,CARDIOPATICO**

ANAMNESI

Data e Ora **16/03/2011 17:30:22** Medico **Dr. Alessandra Cardosi Carrara**
 dolorabilità' emicostato dx

PARAMETRI VITALI								
Data/ora	P. MAX	P. MIN	F. Card.	SAT. O2	TEMP.	GLIC.	F. Resp.	Dolore
16/03/2011 16:58			99	94AA				

PRESTAZIONI

Sessione N° 1 Richiedente **Dr. Alessandra Cardosi Carrara**
 Esame
Visita di pronto soccorso



Verbale N. 2011014532

VERBALE DI PRONTO SOCCORSO

ESAMI DI RADIOLOGIA

Sessione N° 1 Richiedente **Dr. Alessandra Cardosi Carrara**

Esame Tipologia **RADIOLOGIA**

Coste monolat. (2 pr.) (D)

Risposta Esaminante **Dott. Franco Innocenti**

Frattura del tratto angolare della IX e X costa.

Esame Tipologia **ECO**

ECOGRAFIA ADDOME COMPLETO

Risposta Esaminante **Dott. Franco Innocenti**

Fegato steatosico con piccola cisti nel lobo sinistro senza lesioni traumatiche. Rene destro senza lesioni traumatiche con cisti seipimentata. Pancreas malvisualizzabile. Non versamenti peritoneali.

ESITO

Dimesso

LIVELLO DI URGENZA

3 Poco critico - Verde

DIAGNOSI

TRAUMA CONTUSIVO EMICOSTATO DX

NOTE E PRESCRIZIONI

RIPOSO IN POSIZIONE SEMISEDUTA ,ANTIDOLORIFICI AL BISOGNO

Prognosi **gg. lav. 15 - gg. clin. 15 S.C.**

LIDO DI CAMAIORE 16/03/2011

Il Medico
Dr. Alessandra Cardosi Carrara

Pag. 2 di 3

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Verbale N. 2011014532

VERBALE DI PRONTO SOCCORSO

DOCUMENTAZIONE ALLEGATA

- | | |
|---|--|
| <input type="checkbox"/> Cert. INAIL | <input type="checkbox"/> Denuncia Morso Animale |
| <input type="checkbox"/> Relazione Medica | <input type="checkbox"/> Denuncia Malattia Infettiva |

LIDO DI CAMAIORE 16/03/2011

Il Medico
Dr. Alessandra Cardosi Carrara

Pag. 3 di 3

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Dott. DUILIO MAGGI
Medico Chirurgo
Abit.: Via Risorgimento, 21 - Tel. 0584.83412
Amb.: Via Balilla, 6 - Tel. 0584.85022 - Fax 0584.788028
55042 FORTE DEI MARMI (LU)
E-mail: duimaggi@tin.it

16/03/MS

James A. JONES

Rx emitorace dt

2/3
di trame

Dott. DUILIO MAGGI
Medico Chirurgo
Abit.: Via Risorgimento, 21 - Tel. 0584.83412
Amb.: Via Balilla, 6 - Tel. 0584.85022 - Fax 0584.788028
55042 FORTE DEI MARMI (LU)
E-mail: duimaggi@tin.it

16/03/MS
000112

Su alterta di Jones
Jones effette di trame
emitorace dt con
frenne costale, necessa
almeno (2) venti ft
s. e di n. p. e. e.

Maggi Duilio CF 255745
Via Balilla 6 Forte dei Marmi 0584 85022

TRANSPORTAZIONE

497 / 31/03/11
143/91F

GAS

F11 142697
Met

GAS

CARREFOUR/ERG MASSA
VIA DORSALE MASSA
MASSA

CARREFOUR/ERG MASSA
VIA DORSALE MASSA
MASSA

518

ACQUISTO
MASTERCARD

ACQUISTO
VISA

DATA 31/03/2011 11:34
N.OP:001185 TML:30061450
ACQ.CODE: 00000000070
ESERC.: 3151910
PAN: xxxxxxxxxxxxxxx9998
SCAD. xx/xx
STAN:001164 C.AUT.03628Z
I.C.: MAG A.C.: 000

DATA 25/03/2011 11:22
N.OP:000055 TML:30063140
ACQ.CODE: 00000000068
ESERC.: 3151910
PAN: xxxxxxxxxxxxxxx5949
SCAD. xx/xx
STAN:000034 C.AUT.065776
I.C.: MAG A.C.: 000

EURO 60.67

EURO 80.02

40L 143

(Firma - Signature)

(Firma - Signature)

----- COPIA CLIENTE -----

----- COPIA CLIENTE -----

TRANSAZIONE ESEGUITA

TRANSAZIONE ESEGUITA

GRAZIE E ARRIVEDERCI

GRAZIE E ARRIVEDERCI

Carrefour
GAS STATION
MASSA
ITALIA

497 / 31/03/11
143/91F

CARREFOUR/ERG MASSA
VIA DORSALE MASSA
MASSA

ACQUISTO
MASTERCARD

DATA 31/03/2011 11:34
N.OP:001185 TML:30061450
ACQ.CODE: 00000000070
ESERC.: 3151910
PAN: xxxxxxxxxxxxxxx9998
SCAD. xx/xx
STAN:001164 C.AUT.03628Z
I.C.: MAG A.C.: 000

EURO 60.67

40L 143

(Firma - Signature)

----- COPIA CLIENTE -----

TRANSAZIONE ESEGUITA

GRAZIE E ARRIVEDERCI

UNICREDIT SPA

F11 142697
Met

CARREFOUR/ERG MASSA
VIA DORSALE MASSA
MASSA

ACQUISTO
VISA

DATA 25/03/2011 11:22
N.OP:000055 TML:30063140
ACQ.CODE: 00000000068
ESERC.: 3151910
PAN: xxxxxxxxxxxxxxx5949
SCAD. xx/xx
STAN:000034 C.AUT.065776
I.C.: MAG A.C.: 000

EURO 80.02

(Firma - Signature)

----- COPIA CLIENTE -----

TRANSAZIONE ESEGUITA

GRAZIE E ARRIVEDERCI

UNICREDIT SPA

600113

RESOLUTION NO. 2011-0075

A RESOLUTION OF THE BOARD OF THE
SAN DIEGO COUNTY REGIONAL AIRPORT
AUTHORITY AUTHORIZING THE REJECTION OF
THE CLAIM OF JAMES A. JONES, SR.

WHEREAS, on May 18, 2011, James A. Jones, Sr. filed a claim with the San Diego County Regional Airport Authority for injuries he allegedly sustained as the result of a fall on an escalator in Terminal Two at San Diego International Airport on March 15, 2011; and

WHEREAS, at its regular meeting on July 7, 2011, the Board considered the claim filed by James A. Jones, Sr., the report submitted to the Board, and found that the claim should be rejected.

NOW, THEREFORE, BE IT RESOLVED that the Board hereby authorizes the rejection of the claim of James A. Jones, Sr; and

BE IT FURTHER RESOLVED THAT this Board Action is not a "project" as defined by the California Environmental Quality Act (CEQA), Cal. Pub. Res. Code §21065; nor is it a "development" as defined by the California Coastal Act, Cal. Pub. Res. Code §30106.

PASSED, ADOPTED, AND APPROVED by the Board of the San Diego County Regional Airport Authority at a regular meeting this 7th day of July, 2011, by the following vote:

AYES: Board Members:

NOES: Board Members:

ABSENT: Board Members:

ATTEST:

TONY R. RUSSELL
DIRECTOR, CORPORATE SERVICES/
AUTHORITY CLERK

APPROVED AS TO FORM:

BRETON K. LOBNER
GENERAL COUNSEL

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