



SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY
STAFF REPORT

Item No.
12

Meeting Date: **JULY 7, 2011**

Subject:

Authorize the Rejection of the Claim of Theresa M. Hopkins, *et al.*

Recommendation:

Adopt Resolution No. 2011-0077, authorizing the rejection of the claim of Theresa M. Hopkins, Warren B. Hopkins and Carl W. Hopkins.

Background/Justification:

On June 9, 2011, Theresa M. Hopkins, Warren B. Hopkins and Carl W. Hopkins (hereinafter referred to "Claimants") filed a wrongful death claim for damages with the Authority (Attachment A) alleging that on December 12, 2010, Wayne Hopkins died from injuries incurred as a result of his employment with the San Diego County Regional Airport Authority ("Authority"). The claim for wrongful death damages is in an amount exceeding \$3,000,000.

Claimants allege that on December 12, 2010, Wayne Hopkins died as a result of non-Hodgkin's Lymphoma, a disease it is alleged was caused as a result of exposure to "toxic materials" while Hopkins worked at the former Teledyne Ryan Aeronautical Facility located at 2701 North Harbor Drive. The claim alleges exposure to the toxic materials occurred in the course and scope of Hopkins' employment with the Authority.

Hopkins's claim should be denied. Investigation is ongoing. What is known at this time is that Hopkins was employed by the Authority from April 2005 to December 2010 and prior in time he was for many years employed by Teledyne Ryan working at the facility. For approximately 60 years, Teledyne Ryan occupied the site engaged in aircraft manufacturing operations. Teledyne Ryan occupied the site under a lease from the San Diego Unified Port District. The manufacturing operations of Teledyne Ryan are identified in prior litigation and administrative matters as the source and cause of the chemical contamination at this site.

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



**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.

ATTACHMENT A

FOR AUTHORITY CLERK USE
ONLY

Document No.: CL-149

Filed: 06/09/11

SDCRAA

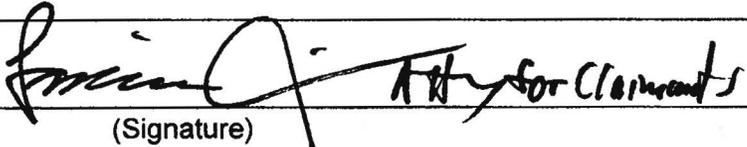
JUN 09 2011

Corporate Services

| | |
|---|------------------------------|
| 1) Claimant Name: Theresa M. Hopkins; Warren B. Hopkins; Carl W. Hopkins | |
| 2) Address to which correspondence regarding this claim should be sent: Milberg & De Phillips, PC 2163 Newcastle Avenue, Ste 200 Cardiff, CA 92007 | |
| Telephone No.: (760) 943-7103 | Date: 6/7/2011 |
| 3) Date and time of incident: 12/12/2010 | |
| 4) Location of incident: 2701 North Harbor Drive, San Diego, CA | |
| 5) Description of incident resulting in claim: Wayne Hopkins, deceased, was wrongfully exposed to toxic materials while he worked at the Teledyne Ryan Aeronautical Facility located at 2701 North Harbor Drive, San Diego, CA. As a result of the toxic exposure, Wayne Hopkins developed non-Hodgkins Lymphoma which caused his death on December 12, 2010. Pursuant to Code of Civil Procedure section 377.60 et al., Mr. Hopkins' surviving wife, Theresa M. Hopkins, and two sons, Warren B. Hopkins and Carl W. Hopkins claim wrongful death damages in an amount exceeding \$3 million. | |
| 6) Name(s) of the Authority employee(s) causing the injury, damage or loss, if known: Currently unknown. | |
| 7) Persons having firsthand knowledge of incident: | |
| Witness (es) Warren B. Hopkins | Physician(s): To be provided |
| Name: c/o Milberg & De Phillips PC | Name: |
| Address: 2163 Newcastle Avenue, Ste 200 Cardiff, CA 92007 | Address: |
| Phone: (760) 943-7103 | Phone: |

| |
|--|
| 8) Describe property damage or personal injury claimed: |
| N/A |
| |
| |
| |
| |
| 9) Owner and location of damaged property or name/address of person injured: |
| N/A |
| |
| |
| |
| |
| 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. |
| Wrongful death damages pursuant to CCP section 377.60 et al. on behalf of the |
| surviving wife, Theresa Hopkins and two sons, Warren B. Hopkins and Carl W. Hopkins. |
| |
| |
| |

Dated: June 7, 2011

Claimant:  Attorney for Claimants
 (Signature)

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

1 **Hopkins v. San Diego County Regional Airport Authority**
2 **Claim No: Unassigned**

3 **PROOF OF SERVICE**

4 I, Dawn Peterson, hereby declare that I am over the age of eighteen years and not a party to
5 this action. I am employed, or am a resident of, the County of San Diego, California and my
6 business address is: Milberg & De Phillips, P.C., 2163 Newcastle Avenue, Ste 200, Cardiff,
7 California, 92007.

8 On June 7, 2011, I caused to be served the following documents(s):

9 **Claim Against San Diego County Regional Airport Authority**

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

15 **USPS MAIL**: I served the documents by enclosing them in an envelope and:

16 _____ **depositing** the sealed envelope with the United States Parcel Service with the postage fully
17 prepaid.

18 **placing** the envelope for collection and mailing in Cardiff, California, following our
19 ordinary business practices. I am readily familiar with this business's practice for collecting and
20 processing correspondence for mailing. On the same day that correspondence is placed for
21 collection and mailing, it is deposited in the ordinary course of business with the United States Postal
22 Service in a sealed envelope with postage fully prepaid.

23 _____ **PERSONAL DELIVERY**: by causing to be hand-delivered, a true copy thereof to the above-
24 named person(s).

25 _____ **FACSIMILE**: by causing a true copy thereof to be telecopied to the party/parties at the facsimile
26 number as set forth above. The facsimile machine I used complied with Rule 2.301(3). The
27 transmission reported that the facsimile was complete and without error. The facsimile machine I
28 used printed a transmission record of the facsimile, a copy of which is attached to this declaration

_____ **BY UPS OVERNIGHT MAIL**: I enclosed the documents in an envelope or package provided by
UPS an overnight delivery carrier and addressed to the persons at the addresses set forth above. I
placed the envelope or package for collection and overnight delivery at an office or regularly utilized
drop box of the overnight delivery carrier in Cardiff, California.

24 I declare under penalty of perjury under the laws of the State of California that the foregoing is true
25 and correct. Executed on June 7, 2011, at Cardiff-by-the-Sea, California.

26 By: _____

27 Dawn Peterson

MILBERG & DE PHILLIPS

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

2163 NEWCASTLE AVENUE

SUITE 200

CARDIFF BY THE SEA, CALIFORNIA

92007-1824

(760) 943-7103

(619) 232-7103

FAX (760) 943-6750

www.m-dlaw.com

FREDERIC J. MILBERG
RUSSELL M. DE PHILLIPS
ROY L. CARLSON, JR.
TIM G. McNULTY *

* ALSO ADMITTED IN ARIZONA

June 8, 2011

Sent via Regular Mail and Certified Mail
Return Receipt Requested and Fax
(619) 400-2514

San Diego County Regional
Airport Authority
P.O. Box 82776
San Diego, CA 92138-2776

Re: Hopkins v. San Diego County Regional Airport Authority
Date of Death: December 12, 2010
WCAB No: Unassigned
Our File No: 5197.1

Dear Sir or Madam:

Please be advised that the above-referenced law firm represents the Applicant dependents as set forth in the attached DWC-1 form of the deceased worker, Wayne Hopkins, who suffered injury and illness sustained while in the course and scope of his employment with the San Diego County Regional Airport Authority. I request that all future communication regarding this matter be handled directly through this office. Enclosed are the DWC-1 form completed by the dependents of Wayne Hopkins and the Disclosure Statements signed by each dependent. Two dependents are minors so Applicant, Carl Wayne Hopkins, Jr., signed both individually and as a Guardian for the minors.

The DWC-1 form describes in a general manner the crux of this death benefit case. Unfortunately, the deceased worker, Wayne Hopkins, was exposed to extremely dangerous and hazardous toxic chemicals, metals and other hazardous substances in connection with his employment. He was then diagnosed as a result of this exposure to non-Hodgkin's Lymphoma in an acute form. He then succumbed quickly to this industrial disease and died on December 12, 2010.

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San Diego County Regional
Airport Authority
June 8, 2011
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Due to the obvious serious nature of this matter, I respectfully request that you provide this letter to your workers' compensation carrier or if you are self-insured, to your workers' compensation administrator as promptly as possible. They should then contact my office for further information and details.

Pursuant to Administrative Order Numbers 9810 through 9860, demand is hereby made for the following:

1. Notice of commencement of Temporary Total Disability (TTD) payments (or salary continuance in lieu of TTD), including wage statement, computation of TTD, starting date, amount of TTD to be paid, or Notice of Rejection or termination of TTD payments with explanations;
2. Notice of acceptance or rejection of liability;
3. Statement of amount paid;
4. A copy of any statement of the applicant taken by defendant, and;
5. A copy of each statement taken from any witness connected with her case pursuant to the decision in the Hardesty case.

The request for witness statements, treatment and medical reports is to be considered a continuing one and applicants advise that on receipt of any documents mentioned above, copies are expected within the time limits set by the Workers' Compensation Appeals Board.

This death benefit claim includes funeral expenses which will be provided when fully assembled.

MILBERG & DE PHILLIPS
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

San Diego County Regional
Airport Authority
June 8, 2011
Page Three

I thank you in advance for your anticipated courtesy and cooperation, with respect to this matter. If you have any questions or need for further assistance, please feel free to contact my office.

Very truly yours,

MILBERG & DE PHILLIPS, P.C.

By:


FREDERIC J. MILBERG

FJM/dp

Enclosures

cc: Mrs. Wayne Hopkins (with DWC-1 Form) by regular mail
Mr. Warren Hopkins (with DWC-1 Form) by regular mail
Mr. Carl Wayne Hopkins, Jr. (with DWC-1 Form) by regular mail

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WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above

note la notación arriba.

- Name. *Nombre.* Theresa M. Hopkins (see Attachment "A") Today's Date. *Fecha de Hoy.* June 8, 2011
- Home Address. *D.* _____
- City. *Ciudad.* _____
- Date of Injury. *Fecha de la lesión (accidente).* Cumulative-12/12/10 (death) Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
- Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* 2701 North Harbor Drive, San Diego, CA and surrounding areas and buildings.
- Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* Please refer to Attachment "B"
- Social Security Number. *Número de Seguro Social del Empleado.* _____
- Signature of employee. *Firma del empleado.* Theresa Hopkins

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

- Name of employer. *Nombre del empleador.* _____
- Address. *Dirección.* _____
- Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
- Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
- Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
- Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
- Insurance Policy Number. *El número de la póliza de Seguro.* _____
- Signature of employer representative. *Firma del representante del empleador.* _____
- Title. *Título.* _____
- Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

- Employer copy/Copia del Empleador Employee copy/ Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

In Re: Hopkins v. San Diego County Regional Airport Authority

ATTACHMENT "A"

Carl Wayne Hopkins, Jr., individually and as guardian of Carl Wayne Hopkins III and Brittany J. Hopkins, minors; Warren Hopkins. Two blank DWC-1 forms signed by Carl Wayne Hopkins, Jr., individually and as guardian to Carl Wayne Hopkins III and Brittany J. Hopkins, and Warren Hopkins are also attached to this DWC-1 form.

ATTACHMENT "B"

Deceased worker, Wayne Hopkins, was exposed to toxic chemicals, metals and other hazardous substances. This exposure to Wayne Hopkins caused him to become sick with acute non-Hodgkin's lymphoma on an industrial basis. This sickness was fatal and the worker died from this industrial injury and sickness on December 12, 2010.

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WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

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You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* Carl W. Hopkins, Jr. Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* Carl W. Hopkins, Jr.

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

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- Employer copy/Copia del Empleador Employee copy/Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado



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Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* Wayne Hopkins Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* 

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

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10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
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State of California
Department of Industrial Relations
Division of Workers' Compensation

DISCLOSURE STATEMENT

If you choose to be represented by an attorney, your attorney's fees will be deducted from your benefits. The fee will be approved by the Workers' Compensation Appeals Board, with consideration given to the: (1) responsibility assumed by the attorney; (2) care exercised in representing you; (3) time involved; and, (4) results obtained.

Attorney's fees normally range from 9% to 12%* of the benefits awarded. If your attorney has also represented you before the Rehabilitation Unit, there may also be a fee allowed for this representation.

There are certain circumstances where your employer (or his/her insurer), may be liable to pay your attorney's fees. For example, if employer disputes a permanent disability evaluation obtained when you were not represented by an attorney, your employer may be liable for any attorney fees you incur because of the dispute.

If at any time you no longer wish to be represented by the attorney, you may withdraw from representation by notifying the attorney. If you withdraw representation, the fee amount found by a workers' compensation judge to be the fair value of any attorney work the attorney did in your case will be deducted from your award.

An Information and Assistance Office may be able to answer your questions concerning your workers' compensation benefits at no charge to you. He/She may be able to resolve your problems without the need for litigation.

Call this toll-free number 1-800-736-7401

***15% in complex cases**

Employee's Signature: Theresa Hopkins Date: 6-2-11

Employee's Name: Theresa Hopkins

Attorney's Signature: [Signature] Date: 6-2-11

Attorney's Name: FREDERIC J. MILBERG
MILBERG & DE PHILLIPS, P.C.

Address: 2163 Newcastle Avenue, Suite 200
Cardiff by the Sea, California 92007

Phone No: (760) 943-7103

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State of California
Department of Industrial Relations
Division of Workers' Compensation

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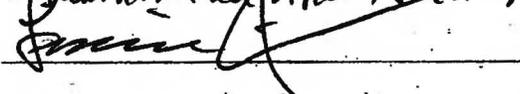
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Call this toll-free number 1-800-736-7401

*15% in complex cases

Employee's Signature:  Date: 6/2/2011

Employee's Name: Carl Leary, Hopkins, Jr. Melvidualy and Brittan
guardian ad litem for two minor Hopkins III and Brittan
Hopkins, minor

Attorney's Signature:  Date: 6-2-11

Attorney's Name: FREDERIC J. MILBERG
MILBERG & DE PHILLIPS, P.C.

Address: 2163 Newcastle Avenue, Suite 200
Cardiff by the Sea, California 92007

Phone No: (760) 943-7103

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State of California
Department of Industrial Relations
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There are certain circumstances where your employer (or his/her insurer), may be liable to pay your attorney's fees. For example, if employer disputes a permanent disability evaluation obtained when you were not represented by an attorney, your employer may be liable for any attorney fees you incur because of the dispute.

If at any time you no longer wish to be represented by the attorney, you may withdraw from representation by notifying the attorney. If you withdraw representation, the fee amount found by a workers' compensation judge to be the fair value of any attorney work the attorney did in your case will be deducted from your award.

An Information and Assistance Office may be able to answer your questions concerning your workers' compensation benefits at no charge to you. He/She may be able to resolve your problems without the need for litigation.

Call this toll-free number 1-800-736-7401

*15% in complex cases

Employee's Signature: _____

Date: 6/2/11

Employee's Name: Lyrran Hopkins

Attorney's Signature: _____

Date: 6-2-11

Attorney's Name: _____

FREDERIC J. MILBERG
MILBERG & DE PHILLIPS, P.C.

Address: _____

2163 Newcastle Avenue, Suite 200
Cardiff by the Sea, California 92007

Phone No: _____

(760) 943-7103

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of felony.

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RESOLUTION NO. 2011-0077

A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY AUTHORIZING THE REJECTION OF THE CLAIM OF THERESA M. HOPKINS, WARREN B. HOPKINS AND CARL W. HOPKINS.

WHEREAS, on June 9, 2011, Theresa Hopkins, Warren Hopkins and Carl Hopkins filed a claim with the San Diego County Regional Airport Authority for wrongful death damages allegedly sustained by Wayne Hopkins as the result of his employment with the San Diego County Regional Airport Authority on December 12, 2010; and

WHEREAS, at its regular meeting on July 7, 2011, the Board considered the claim filed by Theresa Hopkins, Warren Hopkins and Carl Hopkins, 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 Theresa M. Hopkins, Warren B. Hopkins and Carl W. Hopkins; and

BE IT FURTHER RESOLVED THAT this Board FINDS this 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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