Item No.

Meeting Date: AUGUST 4, 2011

Subject:

Authorize the Rejection of the Claim of V. Rose Shepard

Recommendation:

Adopt Resolution No. 2011-0086, authorizing the rejection of the claim of V. Rose Shepard.

Background/Justification:

On June 21, 2011, V. Rose Shepard ("Shepard") filed a claim (Attachment A) with the Authority alleging that on May 18, 2011, she fell as she rode on an escalator at San Diego International Airport. Shepard claims damages in the amount of \$882 to include medical treatment, as well as damages for pain and suffering for which the value has yet to be determined.

Shepard alleges in her claim that on May 18, 2011, she fell as she rode an escalator at San Diego International Airport. She states she was riding up the escalator when she tripped and fell as she turned to balance her suitcase, resulting in a laceration to her scalp and abrasions to her arm.

Shepard'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. Further, no claim of an unsafe condition was made.

Fiscal Impact:

Not applicable.

Environmental Review:

- A. <u>California Environmental Quality Act:</u> 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. <u>California Coastal Act</u>: The Board action is not a "development" as defined by the California Coastal Act. Cal. Pub. Res. Code §30106.

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Equal Opportunity Program:

Not applicable.

Prepared by:

SUZIE JOHNSON PARALEGAL

ATTACHMENT A



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.

Docum	ent No.: CL-150
Filed:_	6/21/11

1) Claimant Name: V. Rose Shepard	
 Address to which correspondence regarding this 12417 W. 129 Street Overland Park, KS 66213 	claim should be sent:
Telephone No.: 913-681-0670	Date: 6/12/2011
3) Date and time of incident: May 18, 2011 @ arou	und 2:30pm
4) Location of incident: Escalator at San Diego	Airport
5) Description of incident resulting in claim: When	I was going up the escalator about one fourth of
the way up, when I turned to balance my suitcas	e; I tripped and lost my balance. I feel backwards
on my right side and hit my head on the steel ste	ps of the moving escalator. The results was a
laceration on the upper right side of my skull. In	addition I hit my right arm hard at a point right
above my elbow on the moving steel steps of the	escalator.
I am still having pain in my right arm close to	my elbow. Neck pain has decreased, but has no
gone away.	
Thusfar, I have not had any medical treatment	t except for the removal of the 18 steel staples
from the laceration on my head. (Refer to attache	ed photos.) In addition, I'm having some
intermittent headaches on the same side where l	
I have a scan of my head if these intermittent he	adaches continue. The Police Report # is 1/27/7
6) Name(s) of the Authority employee(s) causing the	
	A early of tolice report will be mailed upon receipt.
7) Persons having firsthand knowledge of incident:	mailed upon Receipt.
Witness (es) There were several witnesses,	Physician(s):
Name: Airport Security person took the name &	Name:
Address: phone # of a lady who witnessed the	Address:
accident.	
Phone:	Phone:
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8) Describe property damage or personal injury claimed: My jacket was ruined by blood stain, n	ny
head was cut on the top (18 staples) and my arm was cut/bruised/damaged. See attached	
photos.	
9) Owner and location of damaged property or name/address of person injured:	
Owner-San Diego County Regional Airport	
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.	
1) Emergency room bill-\$857.00	
2) Doctor Office Visit to remove staples in my head (copay) \$25.00	
3) Additional Arm Medical Treatment (unknown)	
4) Additional Headache Head Injury Treatment (unknown)	
5) Pain & Suffering-To Be DeterminedThese items/amounts are as of 6/12/2011.	
Dated: 6-12-201/ Claimant: Kar M. Sugard	T
(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

RESOLUTION NO. 2011-0086

A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY AUTHORIZING THE REJECTION OF THE CLAIM OF V. ROSE SHEPARD.

WHEREAS, on June 21, 2011, V. Rose Shepard filed a claim with the San Diego County Regional Airport Authority for injuries she allegedly sustained as the result of a fall on an escalator at San Diego International Airport on May 18, 2011; and

WHEREAS, at its regular meeting on August 4, 2011, the Board considered the claim filed by V. Rose Shepard, 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 V. Rose Shepard; 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 4th day of August, 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