



SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY
STAFF REPORT

Item No.
7

Meeting Date: **FEBRUARY 10, 2011**

Subject:

Authorize the Rejection of the Claim of Elayne Wolfenson

Recommendation:

Adopt Resolution No. 2011-0017, authorizing the rejection of the claim of Elayne Wolfenson.

Background/Justification:

On December 28, 2010, Elayne Wolfenson ("Wolfenson") filed a claim with the Authority alleging that on October 1, 2010, she fell as she was walking in Terminal Two at San Diego International Airport. Wolfenson claims \$1,275.55 in damages which includes the cost of ambulance transportation on the day of the incident.

Wolfenson alleges in her claim that on October 1, 2010, she was walking and holding her lunch and purse when another passenger walked in front of her pulling a wagon. She states the cables on the wagon caused her to catch her foot and fall. She received medical care at the time of the incident and was transported to the hospital for further treatment.

Wolfenson'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 allegation of an unsafe or dangerous condition was made.

Fiscal Impact:

Not applicable.

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.

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- 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



DEC 28 2010

ATTACHMENT

FOR AUTHORITY CLERK USE ONLY

Document No.: CL-135

Filed: 12/28/10

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.

1) Claimant Name: Elayne Wolfenson

2) Address to which correspondence regarding this claim should be sent:

Telephone No.: _____ Date: 12/15/10

3) Date and time of incident: Oct 1, 2010

4) Location of incident: California Pizza Kitchen

5) Description of incident resulting in claim: A woman pulling a long 3 1/2 ft. wagon, low to the floor walked right in front of me while i was holding my lunch and my purse on my way to fill a paper cup of water. my foot was caught & i fell to the floor on my knee & shoulder. my eyes and my knee were bothering me a lot. i was shaken up & my knee was very painful. The medical people were wonderful - very helpful, bringing me ice & etc. etc. & telling me I had to take an ambulance to hospital

6) Name(s) of the Authority employee(s) causing the injury, damage or loss, if known: Anahya Medhulean

7) Persons having firsthand knowledge of incident:

Witness (es) _____	Physician(s): Dr. MARK Olcott
Name: _____	Name: _____
Address: _____	Address: Scripps Clinic urgent care
Phone: _____	Phone: 858 554 8638

8) Describe property damage or personal injury claimed: I have not claimed anything else to other authorities. My knee has bothered me since the accident and I saw a physician once after the initial time at urgent care. X RAYS were taken at time of

9) Owner and location of damaged property or name/address of person injured:
accident - Elaine Wolfenson

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.
over one thousand dollars for Ambulance
\$1275.55 for Ambulance

Dated: 12/15/2010 Claimant: Elaine Wolfenson
(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



**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.

FOR AUTHORITY CLERK USE
ONLY

Document No.: _____

Filed: _____

1) Claimant Name: Elayne Wolfenson

2) Address to which correspondence regarding this claim should be sent:

Telephone No.: _____ Date: Dec. 15, 2010

3) Date and time of incident: Oct 1, 2010

4) Location of incident: At California Pizza Kitchen - second

5) Description of incident resulting in claim: _____ terminal

A woman pulling a long 3 1/2 ft. wagon, low to the floor - ~~she~~ walked right in front of me as I was holding my lunch and a purse on my way to get a cupful of water. My foot caught the cables on the wagon and I was pulled down to the floor on my knee and shoulder. My eyes were bothering me for a few weeks and my knee was very painful. The Paramedics were wonderful, helping me and calling an Ambulance - They insisted I go to the hospital.

6) Name(s) of the Authority employee(s) causing the injury, damage or loss, if known:

Anahya Madhujean ~~is~~ in an Ambulance!

Age of incident: _____

Witness (es)	Physician(s): <u>Dr. Mark Olcott</u>
Name:	Name:
Address:	Address: <u>Scripps Clinic</u>
	<u>Torrey Pines</u>
Phone:	Phone: <u>858 554 8638</u>

8) Describe property damage or personal injury claimed: I have not claimed anything to other Authorities. My knee has bothered me since the accident and i saw a physician once after the initial time at urgent care. XRAYs were taken.

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

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.
 The only claim is the Ambulance bill for over one thousand dollars
 \$1,275.55 for Ambulance

Dated: 12/15/10 Claimant: Elayne Woffenson
 (Signature)

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

Return completed form to:
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 Corporate Services Department
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 San Diego, CA 92138-2776

RESOLUTION NO. 2011-0017

A RESOLUTION OF THE BOARD OF THE
SAN DIEGO COUNTY REGIONAL AIRPORT
AUTHORITY AUTHORIZING THE REJECTION OF
THE CLAIM OF ELAYNE WOLFENSON

WHEREAS, on December 28, 2010, Elayne Wolfenson filed a claim with the San Diego County Regional Airport Authority for injuries she allegedly sustained as the result of falling in Terminal Two at San Diego International Airport on October 1, 2010; and

WHEREAS, at its regular meeting on February 10, 2011, the Board considered the claim filed by Elayne Wolfenson, 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 Elayne Wolfenson.

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 special meeting this 10th day of February, 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