Item No.

Meeting Date: MARCH 3, 2011

## Subject:

**Authorize Rejection of the Claim of Pari Meftah** 

## **Recommendation:**

Adopt Resolution No. 2011-0029, authorizing the rejection of the claim of Pari Meftah.

# Background/Justification:

On January 21, 2011, Pari Meftah ("Meftah") filed a claim with the Authority alleging that on January 6, 2011, she was stung by a bee as she entered Terminal One with her baggage. Meftah claims an unknown amount of damages to include the cost of repair or replacement of her glasses and pain and suffering.

Meftah alleges in her claim that on January 6, 2011, she was entering the terminal near Southwest Airlines with her luggage when a bee came to rest between her glasses and her face. As she brushed the bee away, her glasses fell and the bee stung her hand. Airport paramedics assisted her with an ice pack before she continued on her flight.

Meftah'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.

### 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.

# Page 2 of 2

# **Equal Opportunity Program:**

Not applicable.

Prepared by:

SUZIE JOHNSON PARALEGAL



JAN 2 2011

Corporate Services

| FOR ^UTHORITY CLERK USE<br>ONL |                       |  |
|--------------------------------|-----------------------|--|
| Docume                         | nt No.: <u>CL-138</u> |  |
| Filed:                         | 1/21/11               |  |

# 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: Pari Meltah   |  |  |  |  |
|---|--|--|--|--|
| 2) Address to which correspondence regarding this claim should be sent:                         |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Telephone No.: Date:   /   7 /  |  |  |  |  |
| 3) Date and time of incident: January 6th 11:30 a.m.  |  |  |  |  |
| 4) Location of incident: San Diego airhort  |  |  |  |  |
| 5) Description of incident resulting in claim:  |  |  |  |  |
| This unfortunate + scaryincident happened as + entered the                                      |  |  |  |  |
| airport with all my luggages was wearing glasses, and suddenly                                  |  |  |  |  |
| a hee sat under my glasses under the ought was extremely frightened                             |  |  |  |  |
| screened dropped my buggage and most importantly with a fast                                    |  |  |  |  |
| motion nushed the liee away But the bee stuck to munight  |  |  |  |  |
| I and are the thunk With another fast more I rushed it away.                                    |  |  |  |  |
| Meanting Twas suffering from an exercisting hair and was  |  |  |  |  |
| Roding that hart of my hand firmly Aparsenger helped me and                                     |  |  |  |  |
| called the Southwest clark who helped me sit on a hand  |  |  |  |  |
| Continue on   |  |  |  |  |
| 6) Name(s) of the Authority employee(s) causing the injury, damage or loss, if known: next hage |  |  |  |  |
|   |  |  |  |  |
| 7) Persons having firsthand knowledge of incident:  |  |  |  |  |
| Witness (es) Southwesternhouses Physician(s):   |  |  |  |  |
| Name: and haramedica of Name:   |  |  |  |  |
| Address: (in Jan 6th, 11:450m) Address:   |  |  |  |  |
|   |  |  |  |  |
| Phone: Phone:   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

| 8) Describe property damage cersonal injury claimed:   |  |  |  |  |
|--|--|--|--|--|
| (Continue from first page), and collod paramedice While  |  |  |  |  |
| We were worting loth, several employees asked me if I was allergic   |  |  |  |  |
| to sells I was shaking they good me water, and gathered my   |  |  |  |  |
| luggage and prescription glasses (the handle broken). one of them  |  |  |  |  |
| told me to hold and press where I was string and was swallen.  |  |  |  |  |
| told me to hold and press where tweestung and was swallen.  9) Owner and location of damaged property or name/address of person injured:   |  |  |  |  |
| When paramedies came they examined the sting which they  |  |  |  |  |
| said must have been dropped and no longer there. They put  |  |  |  |  |
| ice pack on the hand for the inflammation and swelling.  |  |  |  |  |
| They gave told me to take sedatives and go to the lospit of of   |  |  |  |  |
| didn't bee better soon. I was to bing Southwest blight   |  |  |  |  |
| 10) Detailed list and amount of damages claimed as of date of preservation of claim, including prospective damages. If amount exceeds \$10,000.00, a specific amount need not be included. |  |  |  |  |
| # 2633 to San Francisco. They helped me go through security  |  |  |  |  |
| and to the gate. In SF, the Durning sensation and pain   |  |  |  |  |
| continued and the planmacist told us to rule the singuest on   |  |  |  |  |
| the area. The redness and black shot is much better now  |  |  |  |  |
| P. S. This Claim is love the bain + suffering and the only.  |  |  |  |  |
| property damage is my glasses that should be fixed replaced  |  |  |  |  |
| property damage is my glasses that should be fixed replaced to Dated: 1/17/11 Claimant: fare Weftal the time   |  |  |  |  |
| (Signature)  |  |  |  |  |
| P.S. In a cosmopolitan city there should not be bees in  |  |  |  |  |
| Notice to Claimant: such a public place. Et isvery dangerous.  |  |  |  |  |

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

Return completed form to:

number.

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

#### **RESOLUTION NO. 2011-0029**

A RESOLUTION OF THE BOARD OF THE SAN DIEGO COUNTY REGIONAL AIRPORT AUTHORITY AUTHORIZING THE REJECTION OF THE CLAIM OF PARI MEFTAH

WHEREAS, on January 21, 2011, Pari Meftah filed a claim with the San Diego County Regional Airport Authority for injuries she allegedly sustained as the result of a bee sting as she entered Terminal One at San Diego International Airport on January 6, 2011; and

WHEREAS, at its regular meeting on March 3, 2011, the Board considered the claim filed by Pari Meftah, 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 Pari Meftah; 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 3rd day of March, 2011, by the following vote:

APPROVED AS TO FORM:

BRETON K. LOBNER GENERAL COUNSEL

| AYES:   | Board Members: |   |
|---------|----------------|---|
| NOES:   | Board Members: |   |
| ABSENT: | Board Members: |   |
|         |                | ATTEST:   |
|         |                |   |
|         |                | TONY R. RUSSELL<br>DIRECTOR, CORPORATE SERVICES/<br>AUTHORITY CLERK |

000069