CITY COUNCIL MEETING
FEBRUARY 19, 1986

cc4c

CLAIMS

City Clerk Reimche presented the following Claims which had been filed against the City of Lodi advising that it is the recommendation of the City Attorney and Leonard J. Russo, Inc., the City's Contract Administrator that they be denied:

a) Jerauld Preszler, DOL 11/21/85

b) John Emanuel Kelly, DOL 12/9/85

On motion of Council Member Olson, Hinchman second, Council denied the heretofore listed claims and referred them back to the City's Contract Administrator.

Leonard J Russo
CLAIMS ADMINISTRATION SERVICE

RECEIVED
1986 FEB -3 AM 11:09
ALICE M. REIMCHE
CITY CLERK

January 31, 1986

California State Automobile Assn.
P.O. Box 610
Lodi, CA 95241-0610

Re:	Your Insured:	Preszler, Jerauld
	Your Claim No.:	05-027269-0
	Principal:	City of Lodi
	Our File No.:	3006 LX

Gentlemen:

We are the Claims Administrators for the City of Lodi. The claim for damages which you filed with the City dated December 23, 1985, has been forwarded to us for review and handling.

This accident apparently involved a "Dial A Ride" vehicle. The City has a contract with an independent contractor for providing the service Dial A Ride. While the vehicles involved are City vehicles, they are maintained by, operated by and insured by the contractor, Wynston Margrave & Rae Neel Margrave dba: City Cab Co. of Lodi, California, 510 E. Lodi Ave., Lodi, California, 95240. The City of Lodi is in fact an additional Insured under their auto liability coverage with Great Global Insurance Co.

It is our suggestion that you direct your claim to City Cab Co. of Lodi.

Very truly yours,

Chuck Gormley

CG/pw

bcc: Alice Reimche - I suggest the City Counsel reject this claim, forwarding the notices of rejection to both AAA and their Insured, Jerauld Allen Preszler. Since it is unlikely that we will hear further on this matter, we are closing our file at this time.

2424 ARDEN WAY
BUILDING C-81
SACRAMENTO, CA 95825
916-920-5381

86-05

Claim For Damages

RECEIVED
1986 JAN 17 AM 8:30
ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

In accordance with Section 910 of the California Government Code, this is to formally place you on notice of our subrogated claim for the loss described below.

Date: 23 December 1985

City of Lodi
221 West Pine Street
Lodi, California 95240

Lodi, California

Attention: Alice Reimche, City Clerk

Claim is hereby made and filed against the City of Lodi, as follows:

Name of Claimant: Jerauld Allen Preszler and
California State Automobile Association Inter-Insurance Bureau

Address of Claimant: 12735 Cherokee Lane, Galt, California 95632
(Send notices to this address) P. O. Box 610, Lodi, CA 95241-0610

Date of Occurrence:
November 21, 1985

Place of Occurrence:
Vine Street and Central Avenue, Lodi, California

Nature and Amount of Damages Collision damages in the amount of $308.75, which includes our Insured's $250.00 deductible, plus $74.20 for the rental. Total amount is $382.95.

Items Making up said Amount:
Per attached repair invoices in the amount of $308.75, plus the rental bill for $74.20

Name of Public Employee(s) causing said Damage (if known):

Facts & Details:

Our Insured was traveling westbound on Vine Street, which is a two lane, two way road. A City owned (Dial-A-Ride" vehicle was paralled parked along the curb, west bound. As our Insured came by, the driver of the "Dial-A-Ride" car opened the door into the right side of our Insured's vehicle. Your driver, Randy Green. See attached Police Report.

cc: Randy Green

California State Automobile Association
Inter-Insurance Bureau

By: Bill Kneen
BILL KNEEN

F1688 (REV.5-78)

TRAFFIC COLLISION REPORT

PAGE 1 OF 1

SPECIAL CONDITIONS	NO. INJURED 0	H & R FELONY ☐	CITY Lodi	JUDICIAL DISTRICT Lodi Municipal Court	NUMBER
	NO. KILLED 0	H & R MISD. ☐	COUNTY San Joaquin	REPORTING DISTRICT Sel	BEAT	85-15391

LOCATION

COLLISION OCCURRED ON	MO. DAY YR.	TIME (24HR)	NCIC NUMBER	OFFICER I.D.
VING	11 21 85	1222	3902	32

☐ AT INTERSECTION WITH

☒ ON 75 FEET/MILES EAST OF CENTRAL

INJURY, FATAL OR TOW AWAY ☐ YES ☒ NO — STATE HWY RELATED ☐ YES ☒ NO

PARTY 1 (☒ DRIVER)

NAME (FIRST, MIDDLE, LAST): RANDY BENTON GREEN — STREET ADDRESS: 321 N. CRESCENT

DRIVER'S LICENSE NUMBER: N0152253 — STATE: CALIF — BIRTHDATE MO. DAY YR.: 02 17 54 — SEX: M — RACE: W — CITY: LODI, CALIFORNIA — PHONE: 334-5764

VEHICLE YR.: 1981 — MAKE/MODEL: CHEVROLET WAGON — LICENSE NO.: E 778281 — STATE: CALIF — OWNER'S NAME: CITY OF LODI ☐ SAME AS DRIVER

DIRECTION OF TRAVEL: EAST — ON/ACROSS (STREET OR HIGHWAY): 400 BLK E VING — OWNER'S ADDRESS: 221 W. PINE ST. LODI ☐ SAME AS DRIVER

SPEED LIMIT: 25 — DISPOSITION OF VEHICLE: DRIVEN AWAY — ☐ BY DRIVER — ON ORDERS OF: DRIVER

VEHICLE DAMAGE — EXTENT: ☒ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL — LOCATION: DRIVER'S DOOR — VIOLATION CHARGED: NONE

PARTY 2 (☒ DRIVER)

NAME (FIRST, MIDDLE, LAST): JERAUD ALLEN DRESTLER — STREET ADDRESS: 12735 CHEROKEE LN

DRIVER'S LICENSE NUMBER: Z0021931 — STATE: CALIF — BIRTHDATE MO. DAY YR.: 09 10 21 — SEX: M — RACE: W — CITY: GALT, CALIFORNIA — PHONE: 745-3323

VEHICLE YR.: 1984 — MAKE/MODEL: RENAULT ENCORE — LICENSE NO.: 2ACK734 — STATE: CALIF — OWNER'S NAME: ☒ SAME AS DRIVER

DIRECTION OF TRAVEL: WEST — ON/ACROSS (STREET OR HIGHWAY): VING — OWNER'S ADDRESS: ☐ SAME AS DRIVER

SPEED LIMIT: 25 — DISPOSITION OF VEHICLE: DRIVEN AWAY — ☒ BY DRIVER — ON ORDERS OF: DRIVER

VEHICLE DAMAGE — EXTENT: ☒ MINOR ☐ MOD. ☐ MAJOR ☐ TOTAL — LOCATION: RIGHT PASSENGER DOOR — VIOLATION CHARGED: NONE

PROPERTY

DESCRIPTION OF DAMAGE:

OWNER'S NAME: — ADDRESS: — NOTIFIED ☐ YES ☐ NO

INJURED/WITNESS

WITNESS ONLY	AGE	SEX	EXTENT OF INJURY: FATAL INJURY	SEVERE WOUND DISTORTED MEMBER	OTHER VISIBLE INJURIES	COMPLAINT OF PAIN	INJURED WAS (Check one): DRIVER	PASS.	PED.	BICY-CLIST	OTHER	IN VEHICLE NUMBER
☐			☐	☐	☐	☐	☐	☐	☐	☐	☐	

NAME: — PHONE: — ADDRESS: — TAKEN TO (INJURED ONLY):

☐			☐	☐	☐	☐	☐	☐	☐	☐	☐	

NAME: — PHONE: — ADDRESS: — TAKEN TO (INJURED ONLY):

☐			☐	☐	☐	☐	☐	☐	☐	☐	☐	

NAME: — PHONE: — ADDRESS: — TAKEN TO (INJURED ONLY):

SKETCH

INDICATE NORTH

a) CODE SECTION: 622.D

b) CLASSIFICATION: TFCCCL (-CITY VEHICLE- PROD DRIVER)

c) DATE AND TIME REPORTED: 112185 - 1222

d) DATE WRITTEN: 112285

e) TIME WRITTEN: 1632

f) ATTACHMENTS: ☐ Continuation ☐ Taped Narrative ☐ Statement ☐ Photo or Sketch ☐

g) PROCESSING: ~~☐ County Info System~~ ☒ Photo Copies (2) ☐ Distribution ☐ CJIS Entry or Inquiry ☐ Shift Summary Entry ☐

h) ENROUTE TIME: 03 Minutes

i) INVESTIGATION TIME: 12 Minutes

j) CASE ASSIGNMENT: A ☒ Closed B ☐ Detective C ☐ Patrol D ☐

k) INFORMATIONAL ROUTING: A ☐ Chief B ☐ Patrol C ☐ Detective D ☐ Juvenile E ☐ CB F ☐ S/O G ☐ DA H ☐ ID I ☐ CHP J ☐ CHP - Stockton K ☐ L ☐

l) REVIEWED BY: SGT. Hendricks — m) DATE: 112285 — n) TIME: 2200 — o) EMPL. NO.: 16

555-01 (Rev. 4-81) — USE PREVIOUS EDITIONS UNTIL DEPLETED

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DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER	PAGE
112185	1222		36	85-15391	1

COLLISION NARRATIVE

POI: APPROXIMATELY 25' EAST OF CENTRAL'S EAST CURB & 9' SOUTH OF VINE'S NORTH CURB.

GREEN WAS DRIVING A CITY-OWNED VEHICLE & WAS PARALLEL PARKED (WIB) IN THE 400 BLK OF E. VINE, JUST WEST OF CENTRAL. PRESZIER WAS WIB ON VINE & WAS PASSING GREEN, WHEN GREEN OPENED UP HIS DOOR & STRUCK PRESZIER'S CAR, DAMAGING ITS RIGHT SIDE. GREEN DIDN'T SEE PRESZIER APPROACHING & PRESZIER COULD NOT HAVE AVOIDED GREEN DUE TO THE NARROWNESS OF THE STREET AT THAT POINT.

CAUSE OF COLLISION WAS GREEN'S VIOLATION OF 22517 CVC. NO CITATIONS ISSUED

INSURANCE:

PRESZIER: "AAA" # 1 678 6510 5

GREEN: UNKNOWN - CITY OF IDI INSURANCE CARRIER

PRIMARY COLLISION FACTOR (LIST NUMBER (#) OF PARTY AT FAULT)	RIGHT OF WAY CONTROL	1	2	3	4	TYPE OF VEHICLE	1	2	3	4	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATION:	A CONTROLS FUNCTIONING	✓	✓			A PASSENGER CAR/STA. WAGON					A STOPPED
1 22517	B CONTROLS NOT FUNCTIONING					B PASSENGER CAR W/TRAILER					B PROCEEDING STRAIGHT
B OTHER IMPROPER DRIVING*	C CONTROLS OBSCURED					C MOTORCYCLE/SCOOTER		✓			C RAN OFF ROAD
	✓ D NO CONTROLS PRESENT					D PICKUP OR PANEL TRUCK					D MAKING RIGHT TURN
C OTHER THAN DRIVER*						E PICKUP/PANEL TRK W/TRLR					E MAKING LEFT TURN
D UNKNOWN*	TYPE OF COLLISION					F TRUCK OR TRUCK TRACTOR					F MAKING U TURN
WEATHER (Mark 1 to 2 Items)	A HEAD-ON					G TRK/TRK TRACTOR W/TRLR					G BACKING
✓ A CLEAR	✓ B SIDESWIPE					H SCHOOL BUS					H SLOWING-STOPPING
B CLOUDY	C REAR END					I OTHER BUS					I PASSING OTHER VEHICLE
C RAINING	D BROADSIDE					J EMERGENCY VEHICLE					J CHANGING LANES
D SNOWING	E HIT OBJECT					K HWY CONST. EQUIPMENT					K PARKING MANEUVER
E FOG	F OVERTURNED					L BICYCLE					L ENTERING TRAFFIC FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE
F OTHER*:	G AUTO/PEDESTRIAN					M OTHER VEHICLE					
G WIND	H OTHER*:					N PEDESTRIAN					
						O MOPED					
LIGHTING	MOTOR VEHICLE INVOLVED WITH										
✓ A DAYLIGHT	A NON-COLLISION	1	2	3	4	OTHER ASSOCIATED FACTOR (Mark 1 to 3 Items)					M OTHER UNSAFE TURNING
B DUSK—DAWN	B PEDESTRIAN										N XING INTO OPPOSING LANE
C DARK—STREET LIGHTS	✓ C OTHER MOTOR VEHICLE					A VC SECTION VIOLATION:		✓			O PARKED
D DARK—NO STREET LIGHTS	D MOTOR VEH. ON OTHER ROADWAY										P MERGING
E DARK—STREET LIGHTS NOT FUNCTIONING*	E PARKED MOTOR VEHICLE					B VC SECTION VIOLATION:					Q TRAVELING WRONG WAY*
	F TRAIN										R OTHER*:
	G BICYCLE					C VC SECTION VIOLATION:					
ROADWAY SURFACE	H ANIMAL:						1	2	3	4	SOBRIETY — DRUG — PHYSICIAL (Mark 1 to 2 Items)
✓ A DRY						D VC SECTION VIOLATION:					
B WET	I FIXED OBJECT:										
C SNOWY-ICY						E VISION OBSCUREMENTS:	✓	✓			A HAD NOT BEEN DRINKING
D SLIPPERY (MUDDY, OILY, ETC.)	J OTHER OBJECT:										B HBD—UNDER INFLUENCE
		✓				F INATTENTION					C HBD-NOT UNDER INFLU.*
ROADWAY CONDITIONS (Mark 1 to 3 Items)						G STOP & GO TRAFFIC					D HBD-IMPAIRMENT UNKN*
	PEDESTRIAN'S ACTION					H ENTERING/LEAVING RAMP					E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUTS*	✓ A NO PEDESTRIAN INVOLVED					I PREVIOUS COLLISION					F IMPAIRMENT-PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION					J UNFAMILIAR WITH ROAD					G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*						K DEFECTIVE VEH. EQUIP.:					H NOT APPLICABLE
D CONSTRUCTION-REPAIR ZONE	C CROSSING IN CROSSWALK—NOT AT INTERSECTION										I SLEEPY/FATIGUED
E REDUCED ROADWAY WIDTH						L UNINVOLVED VEHICLE					
F FLOODED*	D CROSSING—NOT IN CROSSWALK					M OTHER*:	1	2	3	4	SPECIAL INFORMATION
G OTHER*:	E IN ROAD—INCLUDES SHOULDER		✓			N NONE APPARENT					A HAZARDOUS MATERIALS*
✓ H NO UNUSUAL CONDITIONS	F NOT IN ROAD					O RUNAWAY VEHICLE					B FIRE INVOLVED*
	G APPROACHING/LEAVING SCHOOL BUS										C TIRE DEFECT/FAILURE*

INVESTIGATED BY	I.D. NUMBER	INVESTIGATED BY	I.D. NUMBER	REVIEWED BY
T. M. [illegible]	36			SGT. R.H.

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RENT-A-CAR

AUTHORIZED SYSTEM MEMBER

[illegible] S. Cherokee Lane
Lodi: 369-4725 Stockton: 466-[illegible]
LODI, CALIFORNIA 95240

RENTAL AGREEMENT

NO. 0754

CUSTOMER NAME	Jerald A Pressler
HOME ADDRESS	12735 Cherokee Lane
CITY / STATE / ZIP CODE	Galt, Ca. 95632
DRIVER'S LICENSE NO. / STATE / EXP. DATE	Z0021931 Cal. 9-10-1974
BIRTH DATE / SOCIAL SECURITY NO. / HOME PHONE	9/10/21
LOCAL CONTACT / ADDRESS / PHONE	C. Alamos, Country Kitchen, Lodi, Ca.
EMPLOYER / POSITION	Self emp. - Simplified Tax Serv. Owner
EMPLOYER'S ADDRESS / PHONE	Same as above. (209) 745-3323
CITY / STATE / ZIP / REFERRED BY	

VEHICLE NO.	Geideke 4
LICENSE NO.	Geideke 4
YEAR CAR LINE (TRUCK SERIES)	85 Ford
MODEL AND COLOR	Tempo (White)
SPEEDOMETER IN	18005
DATE AND TIME IN	2/27/85 AM PM
SPEEDOMETER OUT	17690
DATE AND TIME OUT	12/27/85 AM PM
MILES DRIVEN	
MILES ALLOWED	
CHARGEABLE MILES	

DATE DUE
Expiration of Contract
12/26/85 AM PM

Customer will not under any circumstances surrender the use of the Rented Vehicle to any person other than those listed below or in Paragraph 1 of Page 1. Operation of the vehicle by any driver in violation of Paragraph 2, is prohibited. If none, print NONE across this section and have signed by Customer.

NAME / AGE

ADDRESS

GAS OUT	GAS IN
E	E
¼	¼
½	½
¾	¾
F	F

RENTAL RATES		CHARGES	
HOURS @ $ PER HOUR		$	
DAYS 5 @ $ 14.00		$ 70	00
WEEKS @ $		$	
MONTHS @ $		$	
MILES @ ¢ PER MILE		$	
TOTAL MILEAGE AND RENTAL CHARGES		$	
GAS		$	
SUB TOTAL		$	
COMPREHENSIVE/COLLISION DAMAGE WAIVER		$	
SUB TOTAL		$	
SALES TAX	6%	$ 4	20
SUB TOTAL		$	
LESS CREDITS		$	
		$	
TOTAL CHARGES		$	
LESS DEPOSIT		$	
BALANCE DUE		$ 74	20
CASH REFUND / CUSTOMER INITIALS		$	

COMPREHENSIVE/COLLISION DAMAGE WAIVER

RATES: _____ PER DAY _____ PER WEEK

By his/her initials, Customer accepts or declines Comprehensive/Collision Damage Waiver at the rates listed above. If Customer DECLINES to Purchase the Waiver, he/she accepts full responsibility for all loss/damage to the rented vehicle up to $500.00 per occurrence, regardless of cause.

ACCEPTS x

DECLINES x

VEHICLE CONDITION	SPARE & JACK O.K.	CUSTOMER INITIALS
OUT	☐	
IN	☐	

REMARKS:

CREDIT CARD IMPRINT AE DC CB VISA MC OTHER

PAID
DEC 27 1985
GL[illegible] FORD

EXPIRATION DATE

PREPARED BY:

WARNING:
- Read carefully all driving and use restrictions on the reverse side.
- You are responsible for all traffic violations and must turn in all summonses upon check in.
- Report all accidents immediately.

Customer has read both sides of this agreement and agrees to the terms and conditions thereof.
Customer authorizes Licensee to process a credit card voucher, if any, in Customer's name [illegible]
Customer may be prosecuted if vehicle is not returned when due back.

THIS AGREEMENT SHOULD NOT EXCEED A 30 DAY PERIOD.

[signature]
CUSTOMER SIGNATURE

EXTEND TO	ADDITIONAL CASH DEPOSIT $	DATE	INITIALS
EXTEND TO	ADDITIONAL CASH DEPOSIT $	DATE	INITIALS

CHECKED OUT BY: CHECKED IN BY:

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California State Automobile Association Inter-Insurance Bureau

194768

DATE OF LOSS	CLAIM	INSURED'S NAME	DATE
11-21-85	05-027269-0	FRESZLER, JERAULD, A, OR FLORINA	01-07-86

POLICY	KIND OF LOSS	SUFFIX	CLAIMANT'S NAME	PAY
AUTO	LU	02F	PRESZLER, JERAULD, A; OR FLO	$74.20

D.O.	ADJUSTER NO.	IN PAYMENT OF:	
LOD	13608	LOSS OF USE	Through Crocker National Bank, 1 Montgomery Street Office, P.O. Box 38001, San Francisco, CA 94138 — 11-8 / 1210

PAY *SEVENTY FOUR 20/100*

TO THE ORDER OF
JERAULD OR FLORINA PRESZLER
12735 CHEROKEE LANE
GALT CA 95632

AUTHORIZED SIGNATURE

NOT-NEGOTIABLE

ENDORSED ON THE REVERSE SIDE

D.O. COPY

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FORD

GEWEKE FORD BODY SHOP

(GIVE-A-KEY)

Corrected & Final Billing

1045 South Cherokee Lane — LODI, CALIFORNIA

PHONE: LODI 368-0561 STOCKTON 466-8571

ESTIMATE OF REPAIRS

AS LISTED FOR LABOR AND MATERIALS — VERBAL AGREEMENTS NOT BINDING — ESTIMATES FREE

OWNER Jerauld Kreszler

ADDRESS 12735 Cherokee Lane Galt PHONE 745-3323

INSURANCE CO. 3 A Ins. no Ded

ADDRESS PHONE

DATE 12-27-85

EST. NO.

ORDER NO.

LICENSE NUMBER 2 BCK 734

Year Make	Mileage	Model	Serial No.
84 Amc	49605	Encore	1XMEM9331EX1L9147

REPAIR	REPLACE	DETAIL OF REPAIRS OR REPLACEMENT	LABOR HRS.	PARTS	PAINT TIME	SUBLET
	X	Right Door Mldg	.3 ok	10.13 ok		
X		Right Door Panel (was 4.0)	3.0 ok		2.2 ok	
	X	Right 1/4 Panel Side Mldg	.2 ok	7.57 ok		
	X	Right Door Lock Cylinder	.3 ok	73.72 ok		
		Recode lock cylinder				7.50 ok
		Restripe Damaged area				29.95 ok
		Paint & material (not added)		30.80 ok		
		VERIFIED WITH SHOP. SHOP VERY BUSY. TOOK FULL FIVE DAYS TO COMPLETE JOB THEREFORE FIVE DAYS CAN RENTAL				
		FLAT RATED PER MOTORS BILL KNEEN 1-2-86				
		TOTAL				

PARTS PRICES BASED ON STANDARD CATALOGUE PROCUREMENT PRICE LISTS SUBJECT TO CHANGE WITHOUT NOTICE PROCUREMENT AND DELIVERY CHARGES MAY BE ADDED FOR SPECIAL SERVICE ON ITEMS NOT AVAILABLE LOCALLY.

Old parts removed from cars will be junked unless otherwise instructed in writing.

The above is an estimate based on our inspection and does not cover additional parts or labor which may be required after the work has been opened up. Occasionally after work has started worn parts are discovered which are not evident on first inspection. Because of this the above prices are not guaranteed.

Estimated by L Gilles

Estimate Approved by

AUTHORIZED AND ACCEPTED

Date

By Owner or Agent

DEC 31 1986

LABOR	3.8 @	$ 129.20 ok
PARTS		$ 62.22 ok
PAINT	2.2 @	$ 74.80 ok
MATERIAL AND SUBLET		$ 37.45 ok
SALES TAX		$ 3.73 ok
ADVANCE CHARGES		$
TOTAL		$ 307.40

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California State Automobile Association Inter-Insurance Bureau

194773

DATE OF LOSS	CLAIM	INSURED'S NAME	DATE
11-21-85	05-027269-0	PRESZLER JERAULD A OR FLORINA	01 05 86

POLICY	KIND OF LOSS	SUFFIX	CLAIMANT'S NAME	PAY
AUTO	COL	01F	PRESZLER, JERAULD A; OR FLO	$307.40

D.O.	ADJUSTER NO.	IN PAYMENT OF:	
LOD	13608	COLLISION LOSS	Through Crocker National Bank, 1 Montgomery Street Office, P.O. Box 38001, San Francisco, CA 94138 — 11-8 / 1210

PAY *THREE HUNDRED SEVEN 40/100*

TO THE ORDER OF
GEWEKE FORD BODY SHOP*
PO BOX 410
LODI CA 95241

AUTHORIZED SIGNATURE

NOT-NEGOTIABLE

D.O. COPY

THIS DRAFT MUST BE PHOTO-FILLY ENDORSED ON THE REVERSE SIDE

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SPEED MEMO

Leonard J Russo INSURANCE SERVICES, INC.

Please reply to:

RECEIVED
1986 FEB 11 AM 9:16
ALICE M. REINCHE
CITY CLERK
CITY OF LODI

TO: City of Lodi
Ms Alice Reinche

INSURED/ACCOUNT:

CLAIM OR POLICY NO.

DATE OF LOSS: 9-1-85

CLAIMANT: John Kelly

OUR FILE NUMBER: 2973 LX

DATE: 2-6-86

SUBJECT:

MESSAGE:

Attached find our preliminary report on this accident. Although there is some City liability the claim should be rejected as the attorney has overstated its value.

Jim Stebley
SIGNATURE

REPLY:

DATE SIGNATURE

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Leonard J Russo CLAIMS ADJUSTING SERVICE

REPORT# PRELIM

OUR FILE# 2973 LX

AUTO/GENERAL LIABILITY REPORT

ADDRESSEE

ATTN.

INSURED: City of Lodi

CO. CLAIM NO:

CO. POLICY NO:

POLICY TERM:

DATE OF LOSS: 9-1-85

COVERAGE:

FACTS IN BRIEF: CLMT TRIPPED AND FELL ON STORM DRAIN WHILE PARTICIPATING IN SOCCER GAME AT BECKMAN PARK

CLAIMANT #1 (NAME, AGE, ADDRESS, TELEPHONE)	NATURE OF INJURY OR DAMAGE	RESERVE
JOHN EMANUEL KELLY	R/KNEE, TORN LIGAMENTS	$5000
CLAIMANT #2		
CLAIMANT #3		

INVESTIGATION

ITEM	COMPLETED	ATTACHED	TO BE DONE	ITEM	COMPLETED	ATTACHED	TO BE DONE	NAME:
POLICE REPORT	☐	☐	☐	INSURED ~~STATEMENT~~ INTERVIEW	☒	☐	☐	RON WILLIAMSON
INDEX BUREAU	☐	☐	☐	CLAIMANT STATEMENT	☐	☐	☐	JUAN MENDEZ
PHOTOGRAPHS	☐	☒	☐	WITNESS STATEMENT	☐	☐	☐	
SCENE DIAGRAM	☐	☐	☐	WAGE LOSS VERIFICATION	☐	☐	☐	
P.D. ESTIMATE	☐	☐	☐	MEDICAL REPORT	☐	☐	☐	
SUMMONS/COMPLAINT	☐	☐	☐		☐	☐	☐	
DISMISSAL	☐	☐	☐		☐	☐	☐	
BI EVALUATION	☐	☐	☐		☐	☐	☐	

LIABILITY ANALYSIS:

INSURED'S NEGLIGENCE 75 % CLAIMANT'S NEGLIGENCE 25 % CO-DEFENDENT'S NEGLIGENCE %

COMMENTS: CONDITION OF STORM DRAIN OPEN AND OBVIOUS.

DATE: 2-6-86 ADJUSTER: Avis Stokes DIARY: DAYS FOR NEXT REPORT

R523-C (10-85)

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85-109

RECEIVED
1985 DEC -9 PM 12: 38
ALICE M. REINCHE
CITY CLERK
CITY OF LODI

ROBERT G. BERNSTEIN
Attorney at Law
702 Empire Street
Fairfield, CA 94533

Telephone: 707-426-3966

IN THE MATTER OF THE CLAIM OF JOHN EMANUEL KELLY vs. CITY OF LODI; LODI CITY COUNCIL AS DIRECTORS OF DOE I PARK AND RECREATION DISTRICT; LODI CITY COUNCIL AS DIRECTORS OF DOE II STORM DRAIN DISTRICT; COUNTY OF SAN JOAQUIN; BOARD OF SUPERVISORS OF SAN JOAQUIN COUNTY AS DIRECTORS OF DOE III PARK AND RECREATION DISTRICT; BOARD OF SUPERVISORS OF SAN JOAQUIN COUNTY AS DIRECTORS OF DOE IV STORM DRAIN DISTRICT /

JOHN EMANUEL KELLY presents the following claim to the LODI CITY COUNCIL on behalf of the CITY OF LODI and DOES I and II and to the BOARD OF SUPERVISORS, COUNTY OF SAN JOAQUIN on behalf of the COUNTY OF SAN JOAQUIN and on behalf of DOES III and IV.

1. The post office address of the claimant is:

JOHN EMANUEL KELLY
P. O. Box 1249
Vacaville, California 95696

2. The post office address to which JOHN EMANUEL KELLY desires notices requiring this claim to be sent is as follows:

ROBERT G. BERNSTEIN
Attorney at Law
702 Empire Street
Fairfield, California 94533

3. The occurrence complained of herein took place on September 1, 1985, at approximately 2:30 p.m. on a soccer playing field in the public park located at the intersection of Ham Lane and Century Boulevard in the CITY OF LODI, California.

4. The act which gives rise to the damages was a placement of a soccer field in a grassy area containing a metal grate drain cover which was located approximately fifteen (15) feet directly in front of one of the soccer goals with said drain cover recessed approximately a half a foot below the surrounding ground level and hidden by tall grass. Alternatively, the omission by defendants to warn of this hidden hazard gave rise to the damages.

5. The names of the particular public employees who established the layout of the soccer filed are unknown at this time to Claimant.

6. Claimant suffered a torn anterior cruciate ligament and torn miniciscus to his right knee. The injury occurred shortly after the start of the second half of a soccer game in the Central California Soccer Association in which the Claimant moved out from the goal area and leaped in the air to block the shot at the goal not realizing that he would come down on this area of the metal storm drain grating rather than on the normal grassy portion of the playing field.

7. The members of the "DIXON LEON" SOCCER TEAM and members of the LODI SOCCER TEAM of the Central California Soccer Association who participated in the regularly scheduled game on

that date are all witnesses to the injury.

8. Medical care has been provided to the Claimant by the following five health care providers:

(1) Urgent Care Center - Intercommunity Hospital
72 Peabody Road, vacaville, California 95688
Telephone: 707-447-4562

(2) Ulatis Medical Clinic, Inc.
290 Alamo Drive, Suite A
Vacaville, CA 95688
Telephone: 707-448-7137

(3) Davis Orthopedics & Sportsmedicine
Medical Group
2031 Anderson Road, Suite A
Davis, California 95616
Telephone: 916-756-2221

(4) Sutter-Davis Hospital
Road 99
Davis, CA 95616
Telephone: 916-756-6440

(5) Scrivner & Baum Physical Therapy
330 Cernon Street
Vacaville, CA 95688
Telephone: 707-448-9723

9. The amount of claim is $95,000.00.

10. A cloth and rubber mat appearing similar to a door mat had been placed over the metal grating leaving the surface of the depression approximately six (6) inches below the surrounding ground level. It appears that the matting was placed there for the purpose of minimizing any injuries from a person participating in an athletic contest who might have to step or jump on that portion of the playing field.

I have read the matters and statements made in the above claim and know the same to be true of my own knowledge except

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as to those matters stated on information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

Signed this 6th day of December, 1985 at Fairfield, California.

JOHN EMANUEL KELLY