



**SAN DIEGO COUNTY
REGIONAL AIRPORT AUTHORITY
STAFF REPORT**

Item No.

5

Meeting Date: **JANUARY 10, 2013**

Subject:

Authorize the Rejection of the Claim of Mattie Agins

Recommendation:

Adopt Resolution No. 2013-0003, authorizing the Rejection of the Claim of Mattie Agins.

Background/Justification:

On November 26, 2012, Mattie Agins ("Agins") filed a claim (Attachment A) with the Authority alleging that on September 3, 2012, she sustained injury to her person as she rode up the escalator at San Diego International Airport. Agins claims damages in the amount of \$177.95 to cover the cost of a visit to a doctor and medication.

Agins alleges in her claim that she was at San Diego International Airport. She claims she missed a step on the escalator and fell, hurting her right shoulder, back and left hip.

Agins's claim should be denied. Agins does not allege an unsafe or dangerous condition. An investigation into the incident revealed no unsafe condition nor any notice to the Authority of an unsafe condition of any of the escalators.

Fiscal Impact:

Not applicable.

Authority Strategies:

This item supports one or more of the Authority Strategies, as follows:

- Community Strategy Customer Strategy Employee Strategy Financial Strategy Operations Strategy

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Environmental Review:

- A. California Environmental Quality Act: This 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: This 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



SDCRAA
 NOV 26 2012
 Corporate Services

FOR AUTHORITY ONLY **ATTACHMENT A**

Document No.: CL-183

Filed: 11-26-12

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: Matthew P. Agins

2) Address to which correspondence regarding this claim should be sent:
6849 Eichel St
St Louis MO. 63134 Cell# (314) 604-5724
 Telephone No.: (314) 521-1275 Date: 11-19-12

3) Date and time of incident: 9-3-12 Time 1000 Am.

4) Location of incident: SAN DIEGO AIRPORT.

5) Description of incident resulting in claim: the right shoulder Low left hip + BACK.
Missed a step on escalator (going up), and fell back wards. Hurt right shoulder, back, and left hip.

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

7) Persons having firsthand knowledge of incident:

Witness (es) <u>N/A</u>	Physician(s):
Name:	Name: <u>Unidentified Employee</u>
Address:	Address: <u>3460 Midway Blvd Bridgeton, MO 63044</u>
Phone:	Phone: <u>(314) 291-3717</u>

8) Describe property damage or personal injury claimed:

Pain in right shoulder, back, and left hip since incident.

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

Mattie Ajino
1819 Eisele St.
St. Louis, MO 63134

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.

Doctors visit (see attached) \$ 170.00
Pain med \$ 7.95

Dated: 11-19-12

Claimant: *Mattie P Ajino*
(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

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MHMO

Patient: **Agins, Mattie P.**
DOB: 04/20/1936
Responsible: Agins, Mattie P.
Primary Insurance: UHC Medicare Complete

Chotchai Boonkham, M.D., P.C.
3478 Bridgeland Drive
Suite # 01
Bridgeton, MO 63044-2619
(314) 291-3717

Billing # _____
Chart #: **113100**
Provider: Chotchai Boonkham, M.D., P.C.
Appt Date: 11/19/2012
Appt. Time: **10:15 AM**

NEW PATIENT

- Level I (10 min) 99201 _____
- Level II (20 min) 99202 _____
- Level III (30 min) 99203 _____
- Level IV (45 min) 99204 _____
- Level V (60 min) 99205 _____

ESTABLISHED PATIENT

- Level I (10 min) 99211 _____
- Level II (20 min) 99212 _____
- Level III (30 min) 99213 _____
- Level IV (45 min) 99214 _____
- Level V (60 min) **99215** *1105-*

- MC Wellness Exam (int) G0438 _____
- MC Wellness Exam (F/up) G0439 _____

LAB ADMINISTERED IN OFFICE

CPT	PROCEDURE	FEE
94150	Peak Flow Meter.....	
93922	Ankle-Brachial Index-----	
J3420XW	B12 injection-----	
69210	Ear wash(One or Two)---	
93000	EKG with interpretation---	
90718	Diphtheria-Tetanus Injec.--	
Q2036	Influenza Vaccine-----	
G0008	Administration Fee-----	
10060	Incision and Drainage----	
90732	Pneumovax Vaccine----	
15851	Suture Removal-----	
86580	TB skin test -----	
11000	Wound dressing-----	
82962	Blood glucose-----	
82270	Stool for guaic(blood)---	
G032QW	Hemosure Stool Test----	
81002	UA without Micro-----	
94760	Pulse Oximetry (O2 Sat) <i>S-</i>	
83037	HBAIC (in office).....	

PROCEDURES AND LABORATORY SERVICES

CPT	PROCEDURE
82607; 82746	B12 & Folates level
82150	D 25-hydroxy, Vitamin
86140	Cardiac C-Reactive Protein
82025	CBC with differential
84681	C-Peptide
87186	Uric Acid Level
87070	Culture any source
83090	Homocysteine Level
87086	Culture only urine
87186	Culture/sensitivity/urine
82643	Digoxin Level
82728	Ferritin, serum
83525	Insulin level
83036	HbA1C(Glycosylated Hemoglobin)
85610	Prothrombin Time
85730	PTT
84153	PS.A.(prostate specific antigen)
85651	Sed rate
84402	Testosterone, Free
84443	TSH
80061	Lipid Panel
83716	VAP Cholesterol test

CB Health Survey

- 8909 CB- Health Panel
- 8910 CB- Female Health Panel
- 8912 CB- Male Health Panel
- 8911 CB-Chem Panel
- 8914 CB-Lipid Monitor panel
- 8916 CB- Lipid+Diabetic panel
- 8918 CB-Lipid-RA monitor pane
- Basic Metabolic profile
- Complete Metabolic Panel

E-Prescribing incentive Program

G8553.....RX via AllScript

DIAGNOSIS ICD-9 CODE

1. _____
2. *PMH of stroke back... @ base post FA.*
3. _____
4. *PMH of foot - foot*
5. _____

Permanent Diagnosis Codes

CRF stage 3	585.3
Cough	786.2
HBC (Hypercholesterolemia)	272.0
Vitamin Deficiency (Vitamin D)	269.2
GOUT	274.9

Method of Payment (Please Circle)

Cash Credit Card Check #

Previous Balance: \$ 155.00
Today's Charges: \$ 170.00
Payment: \$ 10.00
Adjustments: \$ 0
Balance: \$ 315.00

Physician's signature: _____ Tax ID 43-124-3331

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RESOLUTION NO. 2013-0003

A RESOLUTION OF THE BOARD OF THE
SAN DIEGO COUNTY REGIONAL AIRPORT
AUTHORITY AUTHORIZING THE REJECTION OF
THE CLAIM OF MATTIE AGINS.

WHEREAS, on November 26, 2012, Mattie Agins filed a claim with the San Diego County Regional Airport Authority for damages she allegedly incurred as a result of using the escalator in Terminal One at San Diego International Airport; and

WHEREAS, at a special meeting on January 10, 2013, the Board considered the claim filed by Mattie Agins, 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 Mattie Agins.

BE IT FURTHER RESOLVED that this Board DETERMINES 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 special meeting this 10th day of January, 2013, 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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