# Agenda Item #: 3D-1

### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: Department:	June 4, 2013	[X] Consent	[] Regular [] Public Hearing	
Submitted By:	COUNTY ATTORNEY			
Submitted For:				

### I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to:** approve a settlement in the amount of \$65,000, inclusive of attorney fees and costs, in the personal injury claim of Connie Griffith, Claim 000103-009233-GB-01.

**Summary**: On December 10, 2011, Connie Griffith, a 64 year-old woman, was watching her daughter perform at a Special Olympics event. When the Claimant attempted to step onto the bleachers they collapsed, causing her to fracture both wrists and sprain her elbows and knees. Claimant has \$44,000 in outstanding medical bills. Staff, including the Risk Management Roundtable Committee, recommend this settlement as in the County's best interests. (AJM/Countywide)

**Background and Justification**: On December 10, 2011, the County held a Special Olympics event at the Therapeutic Recreational Complex in Lake Worth. The Claimant, Connie Griffith, a 64 year-old woman who had come to watch her daughter perform, attempted to step onto the bleachers when they collapsed. As a result of her fall, the Claimant fractured both wrists and sprained her elbow and knees. She required seven months of therapy and suffers from reflex sympathetic dystrophy (chronic, severe pain). An investigation into the incident revealed that the bleachers where improperly latched by the Palm Beach County employee who set them up. Claimant has \$44,000 in outstanding medical bills. Proceeding to suit will require the County to incur expert witness fees and other expenses, and a trial would expose the County to a very significant damage award. As a result, staff recommends this pre-suit settlement in the amount of \$65,000.

Attachments: 1. Release of All ( 2. Budget Availab		
	My Statement	5 1
Recommended by: _	County Attorney	Date
Approved by:	N/A	Date

## II. FISCAL IMPACT ANALYSIS

А.	Five Year Summary of Fiscal Impact:					
	Fiscal Years	2013	2014	2015	2016	2017
-	al Expenditures ating Costs	\$65,000				
Prog	nal Revenues ram Income (County nd Match (County)	/)				
NE	FISCAL IMPACT	\$ <u>65,000</u>				
	DDITIONAL FTE SITIONS (Cumulativ	e)	<u></u>			
is iter	n Included in Curre	nt Budget?	Ye	es <u>X</u> No		
Budg	et Account No.:	Fund <u>5010</u>	Departme	nt <u>700</u> Unit <u>7</u>	130 Object	<u>4511</u>
		Reporting C	Category_			
В.	Recommended So	urces of Fur	nds/Sumn	nary of Fiscal	Impact:	
C.	Departmental Fisc	al Review:				
		III. <u>REV</u>	IEW COM	MENTS		
Α.	OFMB Fiscal and/o	Dr Contract I	2013			
в.	Legal Sufficiency:	SI 80	1			
	Chief Assistant	M. <i>c.Mo</i> County Attor	ney			
C.	Other Department	Review:				
	Department	Director				
THIS	SUMMARY IS NOT	TO BE USE	) AS A BA	SIS FOR PAY	MENT.	

### RELEASE OF ALL CLAIMS

#### (THIS RELEASE IS CONTINGENT UPON FINAL APPROVAL BY THE BOARD OF COUNTY COMMISSIONERS)

This Indenture Witnesseth that I, Connie Griffith and Chris Griffith, in consideration of the sum of Sixty Five Thousand Dollars and 00/100 (\$65,000.00) do hereby for my heirs, personal representatives and assigns, release and forever discharge Palm Beach County Board of County Commissioners, Therapeutic Recreation Center Gymnasium, Special Olympics Florida, Gallagher Bassett Services, Inc., and Lloyd of London and any other person, firm or corporation charged or chargeable with responsibility or llability, their heirs, representatives or assigns, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action arising from any act or occurrence up to the present time, and particularly on account of all personal injury, disability, property damages, loss or damages of any kind sustained or that I may hereafter sustain in consequence of an accident that occurred on or about the 10th day of December, 2011 at or near Therapeutic Recreation Center Gymnasium, 2728 Lake Worth Road, located Lake Worth, Florida 33461.

To procure payment of the said sum, I hereby declare: that I more than 18 years of age; that no representation about the nature and extent of said injuries, disabilities or damages made by any physician, attorney or agent of any party hereby released, nor any representations regarding the nature and extent of legal liability or financial responsibility of any of the parties released, have induced I to make this settlement; that in determining said sum there has been taken into consideration not only the ascertained injuries, disabilities and damages, but also the possibility that the injuries sustained may be permanent and progressive and recovery therefrom uncertain and indefinite, so that consequences not now anticipated may result from the said accident.

The Undersigned Agree(s), as a further consideration and inducement for this comptomize settlement, that it shall apply to all unknown and unanticipated injuries and damages resulting from said accident, casualty or event, as well as to those now disclosed.

I understand that the parties hereby released admit no liability of any sort by reason of said accident and that said payment and settlement in compromise is made to terminate further controversy respecting all claims for damages that I have heretofore asserted or that I or my personal representatives might hereafter assert because of said accident.

**FRAUD WARNING:** "Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree."

Signed and sealed this $15$ day of $124$ $20$ $13$ .	
Witnessed by (CAUTION - READ BEFORE SIGNING)-	
Gomme Arg Miseal)	
Connie Griffaul	
(INO MA-	_(SEA).)
STATE OF FLORIDO, Chris Griffith	
COUNTY OF ALM BEAL SS	
On this $\frac{154}{100}$ day of $\frac{120}{100}$ , $\frac{2013}{2013}$ , before me personally appeared who executed the foregoing	
instrument, and acknowledged that executed the same as	
free act and doed.	-
My commission expires 7 17 2014	
HEIDI L. LASTER Commission # EE 002784 Expires July 17, 2014 Bonded Theu Troy Fain Insurance 800-386-7019	

### BUDGET AVAILABILITY STATEMENT RISK MANAGEMENT

REQUEST DATE: 5/6/13 REQUESTED BY: County Attorney's Office

REQUESTED FOR: Connie Griffith

REQUESTED AMOUNT: \$65,000 AGENDA DATE: 6/4/13

BUDGET ACCOUNT NUMBER:

FUND: <u>5010</u> DEPT: <u>700</u> UNIT: <u>7130</u> OBJ: <u>4511</u>

BAS APPROVED BY: DATE: 2/13/13 Jessica Kolb

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