Agenda Item #:

### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

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Meeting Date:	11/19/19	[X] Consent	[ ] Regular
Department:		[ ] Ordinance	[ ] Public Hearing
Submitted By:	County Attorney		

#### **I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve a Settlement Agreement, inclusive of attorney's fees and costs, in the total amount of \$70,000 in the personal injury action styled <u>Joanna Kline v. Palm Beach County</u>, Case No. 502018CA000864XXXXMB AE.

**Summary:** On January 2, 2016, Plaintiff was jogging on Old Dixie Highway when she allegedly tripped and fell on a broken, elevated sidewalk owned by Palm Beach County. As a result of the fall, plaintiff sustained a severe left wrist fracture. She underwent surgery and developed complications, necessitating a second surgery and subsequent treatment which resulted in a permanent impairment. <u>Countywide</u> (SCL)

**Background and Justification:** Plaintiff, 45 years old, was jogging on Old Dixie Highway when she tripped and fell on a broken, elevated sidewalk owned by Palm Beach County. Records indicate that PBC had notice of the condition before the accident. As a result of the fall, plaintiff sustained a complex left wrist fracture for which she underwent surgery with placement of a plate and ten screws. Unfortunately, she developed complications which required a second surgery with replacement of the plate and ten screws. Subsequently, she underwent extensive physical therapy. Plaintiff is left with a permanent impairment of her wrist based on pain, weakness, and loss of range of motion.

This full and final settlement is warranted based on the County's liability exposure and the magnitude of the injuries claimed. Therefore, it is recommended that the County approve the Settlement Agreement in the amount of \$70,000.

Atta	chm	ents:
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1. 2. 3.	Settlement Ag Release of All Budget Availal		
Recommended By:		Mum	/
		Department Director	Date
Approve	d By:	N/A	
	-	•	Date

3-D-2

# **II. FISCAL IMPACT ANALYSIS**

# A. Five Year Summary of Fiscal Impact:

Fiscal `	Years	2020	2021	2022	2023	2024	
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Does this	Item incl	ude the use of f	ederal funds?	Yes	No X		
	<u>10</u> comme	Agency <u>70</u> nded Sources ntal Fiscal Revi	of Funds/Sum	-		t <u>4511</u>	
					0		
A. OF		cal and/or Con	tract Developr	nent & Control	Comments:		
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B. Le	gal Suff	iciency///			1 P1/9 /		
		County Attorney	(K)				
C. Ot	her Dep:	artment Review	N				
$\leq$	36	) m. Sr					
De	epartmer	nt Director					

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

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#### SETTLEMENT AGREEMENT

THIS AGREEMENT made and entered into this <u>bit</u> day of <u>choce</u>, 2019, by and between PALM BEACH COUNTY (the "COUNTY"), a political subdivision of the State of Florida, and JOANNA KLINE.

WHEREAS, Joanna Kline sued the COUNTY in a lawsuit presently styled <u>Joanna</u> <u>Kline v. Palm Beach County</u>, Case No. 502018CA000864XXXXMB AE, in the Circuit Court of Palm Beach County, Florida (the "Pending Lawsuit"), for damages arising from an incident that occurred on January 2, 2016, on Old Dixie Highway, in Lake Worth, Palm Beach County, Florida;

WHEREAS, the COUNTY has denied liability and raised several affirmative defenses in the Pending Lawsuit; and

WHEREAS, the parties hereto wish to amicably resolve that portion of the Pending Lawsuit that involves PALM BEACH COUNTY without further litigation of the claims made and defenses raised therein.

**NOW, THEREFORE,** in consideration of the mutual covenants hereinafter set forth, the sufficiency of which are hereby acknowledged, the parties agree as follows:

1. The foregoing recitals are true and correct and incorporated herein by reference.

2. Within a reasonable time, William Abel, Esq., shall execute and deliver to the Palm Beach County Attorney's Office the 1) Settlement Agreement, 2) Release of All Claims, and 3) the Stipulation and Final Order of Dismissal with Prejudice.

3. Within a reasonable time of full execution and receipt hereof, <u>and subject to</u> <u>final administrative approval</u>, the COUNTY shall pay to Joanna Kline the amount of Seventy Thousand Dollars (\$70,000.00), by a check made payable to Joanna Kline and McLaughlin Stern PLLC, Trust Acct.

4. William Abel, Esq. shall not disburse, and Joanna Kline shall not accept, any proceeds from the settlement check described in paragraph 3 unless and until the Release of All Claims has been delivered to the COUNTY and the Final Order of Dismissal with Prejudice has been filed and served in accordance with paragraph 2 above.

5. Joanna Kline acknowledges and agrees that she is responsible for the payment of any liens <u>including any/all ERISA liens</u> against this settlement and that the COUNTY shall not be responsible for any portion of said liens. Joanna Kline, on behalf of herself and her officers, agents, employees, heirs, executors, administrators and assigns, further agrees to indemnify, defend, and hold the COUNTY, its officers, agents, elected

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officials, employees, their heirs, executors, administrators and assigns, harmless from and against all suits, actions, proceedings, claims, demands, and damages, including attorneys fees, arising out of or related to such liens or claims of lien.

6. FURTHERMORE, the undersigned Plaintiff, Joanna Kline, being of lawful age, agrees to hold harmless and indemnify the Defendant, Palm Beach County, for any pre-settlement Medicare conditional payments and/or reimbursements demanded or required by the Medicare Secondary Payer Recovery Contractor (MSPRC), CMS, collection agencies, or any other governmental entity, currently known, discovered, or demanded in the future.

7. FURTHERMORE, the undersigned Plaintiff, Joanna Kline, being of lawful age, agrees to be responsible for any claims or liens by Medicare and agrees that she will defend and hold harmless the Defendant, Palm Beach County, from any liens, suits, or actions arising under the Medicare Secondary Payer Statute (MSPRC), CMS, collection agencies, or any other governmental entity, currently known, discovered, or demanded in the future.

8. Each party shall bear its respective attorneys fees and costs.

9. This Settlement Agreement does not constitute an admission of liability by any party.

10. In any litigation brought to enforce the terms or remedy a violation of this Settlement Agreement, the prevailing party shall be entitled to an award of reasonable attorney's fees in addition to any other recovery.

11. Joanna Kline declares and acknowledges that the terms of this Settlement Agreement have been completely read, fully understood, discussed with counsel, and voluntarily accepted as a full and final compromise of any and all claims she may have against the COUNTY.

12. This Settlement Agreement shall be binding on the parties hereto, her assigns, transferees, heirs, and other successors in interest.

13. The parties represent that no claim that has been, or could have been, raised in the Pending Lawsuit, and no claim to which this Settlement Agreement applies, has been assigned or otherwise transferred to any other person or entity not a party hereto.

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IN WITNESS WHEREOF, the parties have caused this Settlement Agreement to be executed as of the date first set forth above.

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Plaintiff, Joanna Kline

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: \_

Assistant County Attorney

ATTEST: Sharon R. Bock, Clerk & Comptroller

500 Daryl Dawson

Director of Road and Bridge

PALM BEACH COUNTY, a Political Subdivision of the State of Florida

By: \_\_\_\_\_

By:\_\_\_\_\_

#### **RELEASE OF ALL CLAIMS**

#### KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, JOANNA KLINE, being of lawful age, for the sole consideration of **SEVENTX DOLLARS AND ZERO CENTS (\$70,000.00)**, to the undersigned in hand paid, the receipt and sufficiency whereof is hereby acknowledged, does hereby and for their executors, administrators, successors and assigns, release, acquit and forever discharge **PALM BEACH COUNTY**, (hereinafter referred to as the Releasees), and their officers, agents, employees, heirs, executors, administrators, successors and assigns, none of whom admit any liability to the undersigned, but all of whom expressly deny any such liability, from any and all claims, demands, rights, damages, costs, loss of service, expenses, compensation, actions, causes of action or suits of any kind or nature whatsoever, which the undersigned may now have or which may hereafter accrue or develop, particularly on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, and property damages, and any and all consequences thereof, resulting or to result from an alleged incident that occurred on or about **January 2, 2016** on Old Dixie Highway, Lake Worth, Palm Beach County, Florida.

**FURTHERMORE**, the undersigned agree that each party shall bear their own costs and attorney's fees, and the undersigned shall bear sole responsibility for any and all hospital, physician, diagnostic, rehabilitation, training, maintenance, medical or pharmaceutical expenses, bills, statements, liens or subrogable interests, of any nature whatsoever, which are or may be outstanding and payable on the date of execution of this agreement, or which may be incurred and payable in the future. The undersigned further agree to indemnify and save harmless the Releasees from any requests for payment or attempts for collection therefrom. Should legal action be instituted against the Releasees for payment or collection of the aforementioned expenses, the undersigned agree to indemnify and save harmless the Releasees for any attorney's fees, costs and/or judgments which may be entered against the Releasees.

**FURTHERMORE**, the undersigned understands and agrees that this settlement is the compromise of a doubtful and disputed claim, and that the payment made shall not be construed as an admission of liability on the part of the Releasees, and that the Releasees deny any liability therefor and merely intend to avoid further litigation and buy their peace.

**FURTHERMORE**, the undersigned hereby declares and represents that any injuries sustained are or may be permanent and progressive and that recovery therefrom is uncertain and indefinite and in making this Release the undersigned understands and agrees that the undersigned relied wholly upon the undersigned's own judgment, belief and knowledge of the nature, extent, effect and duration of any injuries and liability therefore, without reliance upon any statement or

representation by the Releasees, or by their representatives or by any physician or surgeon employed by them. The undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that the terms of this agreement are contractual and not merely a recital.

**FURTHERMORE**, the undersigned states that while she hereby releases any and all claims against the Releasees, and their officers, agents, employees, heirs, executors, administrators, successors and assigns, for both past and future losses, including medical expenses, health care expenses and related expenses, the necessity for future medical treatment and expenses incurred is speculative and unknown at this time and therefore, as a result, the undersigned reserves the right to pursue and recover all future medical expenses, health care expenses and related expenses, from any person, firm, or organization who may be responsible for payment of such expenses, including any first-party health or automobile insurance coverage, but such reservation specifically does not include the Releasees.

**FURTHERMORE**, notwithstanding the language contained in this Release, this Release shall not be construed as releasing any medical providers for potential claims which may arise based upon treatment and care rendered as a result of the accident which is the subject of this Release. Moreover, this Release shall not be construed as releasing any health insurance carrier or other insurer from medical and lost wage benefits to which the Releasor is entitled.

FURTHERMORE, the undersigned Plaintiff, Joanna Kline, being of lawful age, agrees to hold harmless and indemnify the Defendant, Palm Beach County, for any pre-settlement Medicare conditional payments and/or reimbursements demanded or required by the Medicare Secondary Payer Recovery Contractor (MSPRC), CMS, collection agencies, or any other governmental entity, **including any ERISA liens** currently known, discovered, or demanded in the future.

FURTHERMORE, the undersigned Plaintiff, Joanna Kline, being of lawful age, agrees to be responsible for any claims or liens by Medicare and agrees that she will defend and hold harmless the Defendant, Palm Beach County, from any liens, suits, or actions arising under the Medicare Secondary Payer Statute (MSPRC), CMS, collection agencies, or any other governmental entity, **including any ERISA liens** currently known, discovered, or demanded in the future.

THE UNDERSIGNED hereby declares that the undersigned has completely read, fully understood and voluntarily accepted the foregoing Release of All Claims for the purpose of making a full and final compromised settlement and adjustment of any and all claims, disputed or otherwise, on account of the injuries and damages set forth above, and for the express purpose of precluding forever any further or additional claims against the Releasees arising out of the

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aforementioned incident.

THE UNDERSIGNED hereby accepts the tendered settlement draft as final payment of the consideration set forth above.

WITNESS HEREOF, I, Joanne Kline, have hereunto set my hand and seal this 5 Ŋ day of \_/ Ctoper \_, 2019.

IN THE PRESENCE OF: WITNESS

### STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing document was acknowledged before me, an officer duly authorized in the State and County aforesaid this  $\underline{1}$  day of  $\underline{0}$  and  $\underline{1}$ , 2019, by  $\underline{1}$ ,  $\underline{1}$  and  $\underline{1}$  and \underline{1} and  $\underline{1}$  and  $\underline{1}$  and  $\underline{1}$  and  $\underline{1}$  and \underline{1} and  $\underline{1}$  and  $\underline{1}$  and  $\underline{1}$  and  $\underline{1}$  and \underline{1} and  $\underline{1}$  and \underline{1} and  $\underline{1}$  and \underline{1} and  $\underline{1}$  and  $\underline{1}$  and  $\underline{1}$  and  $\underline{1}$  and  $\underline{1}$  and \underline{1} an executed the within Release of All Claims, and who acknowledged the within Release of All Claims to be freely and voluntarily executed for the purposes therein recited.

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[seal]



Notary Public, State of Florida 2021 My commission expires:

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### BUDGET AVAILABILITY STATEMENT **RISK MANAGEMENT**

REQUEST DATE: <u>10/18/2019</u>

# REQUESTED BY: County Attorney

REQUESTED FOR: Joanna Kline v. Palm Beach County

REQUESTED AMOUNT: <u>\$70,000</u>

AGENDA DATE: November 19, 2019

BUDGET ACCOUNT NUMBER:

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

BAS APPROVED BY: Brian Palacios, Fiscal Manager DATE: <u>10/212019</u>