



Judicial Council of California
Administrative Office of the Courts

Office of the General Counsel
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RONALD M. GEORGE
Chief Justice of California
Chair of the Judicial Council

WILLIAM C. VICKREY
Administrative Director of the Courts

March 7, 2000

DENNIS B. JONES
Chief Deputy Director

MICHAEL BERGEISEN
General Counsel

Mr. Bion M. Gregory
Legislative Counsel
State of California
State Capitol, Room 3021
Sacramento, CA 95814

Mr. Gregory P. Schmidt
Secretary of the Senate
State Capitol, Room 400
Sacramento, CA 95814

Mr. E. Dotson Wilson
Chief Clerk of the Assembly
State Capitol, Room 3196
Sacramento, CA 95814

RE: In-line Skating Injuries on Public Property
Heath and Safety Code Section 115800.1

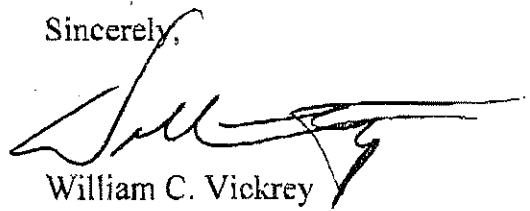
Dear Mr. Gregory, Mr. Schmidt, and Mr. Wilson:

Attached is the Judicial Council report required pursuant to Heath and Safety Code Section 115800.1 on in-line skating injuries on public property.

In-line Skating Injuries on Public Property
March 7, 2000
Page 2

If you have any questions related to this report, please contact Richard Schauffler,
Supervising Research Analyst, at 415-865-7650.

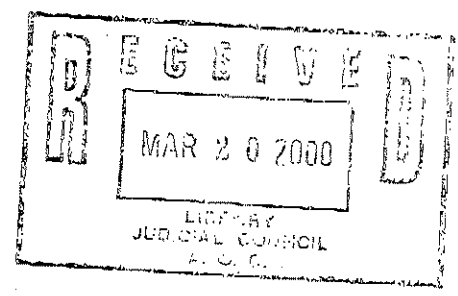
Sincerely,



William C. Vickrey
Administrative Director of the Courts

Attachment

cc: Members of the Judicial Council
Ray LeBov, Office of Governmental Affairs
Judicial Administration Library (2 copies)



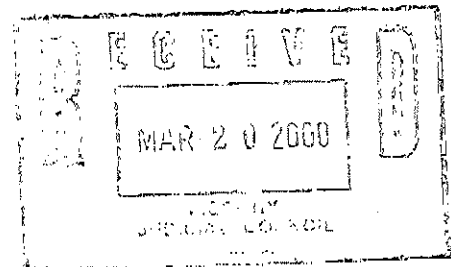
**In-line Skating Injuries on Public Property
Report to the Legislature
March 7, 2000**

Report Summary

The Judicial Council submits to the Legislature this report on injuries from in-line skating on public property pursuant to Section 1158000.1 of the Health and Safety Code. Section 1158000.1(c) requires that "The appropriate local public agency shall maintain a record of all known or reported injuries incurred by an in-line skater on designated public property and other public property. The local public agency shall also maintain a record of all claims, paid and not paid, including any lawsuits and their results, arising from those incidents that were filed against the public agency."

The report consists of a table summarizing the injuries reported by all three of the public agencies that reported to the Judicial Council pursuant to the statute. Based on the data reported, the report finds that no lawsuits or claims have been filed as a result of these injuries.

Attached to this report are the reports submitted by the City of Alameda, the City of Chico, and the City of Modesto, consisting of a cover letter summarizing their data and copies of the individual accident reports on each reported injury.



**Injuries from In-line Skating
On
Public Property**

**Report to the Legislature
March 7, 2000**

The Judicial Council submits to the Legislature this report on injuries from in-line skating on public property pursuant to Section 1158000.1 of the Health and Safety Code. Section 1158000.1(c) requires that "The appropriate local public agency shall maintain a record of all known or reported injuries incurred by an in-line skater on designated public property and other public property. The local public agency shall also maintain a record of all claims, paid and not paid, including any lawsuits and their results, arising from those incidents that were filed against the public agency." These public agencies are required in turn to report annually to the Judicial Council by submitting copies of these records.

Summary of Findings

Three public agencies reported to the Judicial Council as required by statute: the City of Alameda, the City of Chico, and the City of Modesto. Their detailed reports are attached as Appendices 1, 2, and 3 respectively. In brief, no claims or lawsuits were filed against these three public agencies as a result of these injury accidents. Figure 1 summarizes these reports:

Figure 1. Reported In-line Skating Injury Accidents on Public Property,
Calendar Year 1999

| <i>Agency</i> | <i>Number of Injury Accidents</i> | <i>Number of Claims</i> | <i>Number of Lawsuits</i> | <i>Nature of Injuries</i> |
|-----------------|-----------------------------------|-------------------------|---------------------------|--|
| City of Alameda | 3 | 0 | 0 | Shoulder (1) Bruised leg (1) Broken ankle (1) |
| City of Chico | 7 | 0 | 0 | Broken wrist (4) Broken arm (1) Head injury (2) |
| City of Modesto | 5 | 0 | 0 | Broken arm (1) Broken knee (1) Broken leg (1) Head injury (1) Bruise (1) |

Data and Methodology

The Research and Planning Unit of the Administrative Office of the Courts collected reports from agencies that recognized their obligation to report. In addition, we conducted a literature search in the legal journals and periodicals for any summary articles on this topic, and found none. We should note that filings and disposition data that the Administrative Office of the Courts receives from the trial courts does not allow us to identify in-line skating cases as a specific case type.

In addition, we sought out information on specific cases through searching the *Lexis* and *Westlaw* databases and *Jury Verdicts Weekly*. These searches revealed only three 1996 cases and one 1995 case, all of which predate the reporting requirement in Section 115800.1.

It is possible that more than three public agencies should have reported to the Judicial Council. However, we have no means to identify these agencies. The legislation itself did not appropriate any funds for data collection for this report, nor did it specify which agencies were required to report. A recent *Los Angeles Times* article ("On a Roll: Skateboarding's Peewee Segment is Growing Fast, and Skate Parks are Responding with Classes, Gear, and Special Facilities," (March 11, 1999), p.F6) suggests that parks will be constructed in Mission Viejo, Irvine, Laguna Niguel, Brea, San Dimas, Lynwood, Glendora, Glendale, Cerritos, La Verne, and Santa Barbara. If this is the case, we expect more data to be reported in the coming year.

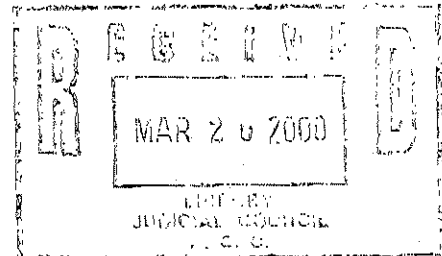
Enc. Attachment 1, City of Alameda
Attachment 2, City of Chico
Attachment 3, City of Modesto

In-line Skating Injuries on Public Property

**Report to the Legislature
March 7, 2000**

Attachment 1

City of Alameda





City of Alameda • California

January 25, 2000

Judicial Council
Administrative Office of the Courts
455 Golden Gate Avenue
San Francisco, CA 94102-3660

Re: Skateboard Park - Report of Injuries Pursuant to H&S Code Section 115800

Dear Sir or Madam:

Pursuant to California Health & Safety Code Section 115800, local public agencies which operate skateboard parks are required to compile records of known or reported injuries at the park, as well as any claims or lawsuits related to the park. A compilation of these records is to be forwarded to the Judicial Council prior to January 30 each year; this letter is intended to comply with that statutory obligation.

The City of Alameda owns and operates a skateboard park which opened on June 6, 1999. The City has maintained records since that date of known or reported injuries and claims related to the skateboard park. Three injuries have been reported to the City: (1) broken collarbone, (2) broken ankle, and (3) broken ankle. (See attached reports). No other injuries are known or have been reported to the City, and there have been no claims or lawsuits related to the skateboard park filed against the City.

If you have any questions or need additional information, please feel free to contact me.

Sincerely,

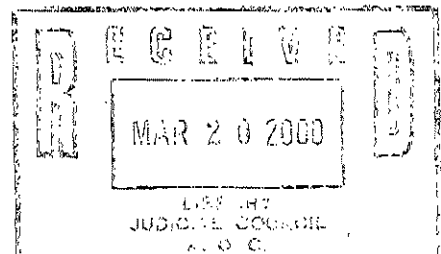
Maria Shanle
Deputy City Attorney

Attach.

cc (w/Attach.): Assistant City Manager
Risk Manager
Acting Director of Recreation and Park
Senior Recreation Supervisor

Office of City Attorney

2263 Santa Clara Ave, Room 280 • 94501
510-748-4544 • Fax 510-748-4691 • TDD 510-522-7538



City of Alameda

EMS

Case No.:

Med Rec #:

Date:

F983482

8/28/99

Patient Number: 1 Of 1

PREHOSPITAL CARE REPORT

Trauma

Level: Immediate Minor

Delayed Non Salvageable

Call Type: Scene

PATIENT INFORMATION

SCENE INFORMATION

PROVIDER INFORMATION

| | | | | | |
|----------------------|---------------------------|---|----------------------------------|---------------------------|----------------|
| Name: | | Incident Location: | | Destination: | |
| Address: | | WEST REDLINE AND MONARCH | | Alameda Hospital | |
| State: | Zip: | Sex: M <input checked="" type="radio"/> F <input type="radio"/> | Weight Kg: 55 | Disposition: | Base Hospital: |
| Age: 27 Years | Date of Birth: 07/20/1972 | Special Scene Conditions: | | Alameda Hospital | |
| Time of Birth: 00:00 | | None Identified | | Provider: | |
| | | Call Authorizations: 911 | Radio Protocol: FD 800 Mhz Radio | 2746 (AFD Engine Company) | |
| | | | | Transport Provider: | |
| | | | | 2782 (AFD Transport Unit) | |

| | | |
|------------------------------------|------------------------|---------------------------|
| Reason Aid Requested: | Mechanism of Injury: | Type of Patient: |
| BROKEN COLLAR BONE | Sporting Accident | Trauma |
| General Assessment: | Chief Complaint: | Safety Equip Used: None |
| Extremity Pain R/O Fracture Closed | PAIN TO RT COLLAR BONE | First Care Given By: None |

| | | | | |
|---|-----------------------------|------------------|----------------------|----------------------------------|
| Body System: <input checked="" type="radio"/> VNTL <input type="radio"/> RBN <input type="radio"/> NC | GCS#: 15 | Trauma Score: 16 | Transport Unit: 2782 | Time: |
| Head/Face | Initial Patient Assessment: | | Police Agency | Enroute: 17:24 |
| Neck | Skin Color | Skin Temp | ALAMEDA - PD | Arrived Scene: 17:21 |
| Chest | Normal | Warm | Transport Code | Transport Unit Arrive: 17:24 |
| Abdomen | L - Lung Sounds: R | L - Pupils: R | To Scene: 3 | Transport Unit Left Scene: 17:28 |
| Back | Clear | Clear | To Hospital: 1 | 1st Arrived Destination: 17:29 |
| Pelvis | Eye Opening | Verbal Response | Unit: 2782 | 1st Hospital Report: |
| Extremities | Spontaneous | Orients | Available: 18:01 | |

| | | |
|---|---------------------|------------|
| Trauma Triage Criteria: | Current Medication: | Allergies: |
| P) Does not meet trauma Triage Criteria | None | None |

Medical History:
Patient Narrative:
 2782 ARRIVED TO FIND PT SITTING ON FRONT SEAT OF HIS TRUCK, COMPLAINING OF PAIN TO HIS RT SHOULDER. PT HAD BEEN RIDING HIS SKATEBOARD AT THE SKATEPARK, WHEN THE TRUCKS ON HIS BOARD GOT STUCK WHILE GRINDING ON A RAIL. PT FELL FORWARD OFF HIS BOARD, LANDING DIRECTLY ON HIS RT SHOULDER. PT COMPLAINS OF NO HEAD, NECK OR BACK PAIN, NO LOC, FULLY ORIENTED, NO OTHER COMPLAINT OR OBVIOUS SIGNS OF INJURY. PT PRESENTS WITH SWELLING AND DEFORMITY AT THE MIDDLE OF HIS RT COLLAR BONE. A SLING AND SWATH WAS ATTEMPTED, BUT PT COULD IMMOBILIZE SHOULDER BETTER ON HIS OWN WHILE COLD PACKS WERE APPLIED. PT TX CODE 2 TO AECC, DELIVERED TO ER NURSE YOKOYAMA WITHOUT CHANGE.

| Time | B/P | Pulse | Location | Vitals | Res Rate | Res Character | O2 Sat |
|-------|----------|-------|----------|---------|----------|---------------|--------|
| 17:35 | 128 / 88 | 80 | Radial | Regular | 18 | Regular | |

| Time | Procedure | Description | Attendant Name |
|-------|------------|-------------|------------------------|
| 17:34 | Assessment | | Domenick Weaver EMT IA |

| | | | | | | | |
|------------|-----------------------------------|-------------------------------------|--|-----------------------------------|-----------------------------------|-------------|----------------------------------|
| Field Save | <input type="checkbox"/> Improved | <input type="checkbox"/> Maintained | <input type="checkbox"/> Unable To Determine | Admit | <input type="checkbox"/> Transfer | Field Death | <input type="checkbox"/> Expired |
| Primary | Domenick Weaver EMT IA | | 970249 | Base Hospital M.D. | | | |
| Crew 1 | Robin Haines EMT IA | | 98067 | MD/Approve Signature: [Signature] | | | |
| Crew 2 | | | | Receiving Hosp Staff: JOHNSON, S | | | |
| Crew 3 | Capt. Alfred Rager EMT IA | | 970237 | MIG/IRN: YOKOYAMA | | | |

Signature: [Signature] EMS Case Number: 7080 Page 1 of 1

City of Alameda

EMS

Patient Number: 1 Of: 1

Case No.: F993381

Med Rec #:

Date:

8/21/89

REHOSPITAL CARE REPORT

Trauma

Level:

Immediate

Delayed

Minor

Non Salvageable

Call Type:

Score:

PATIENT INFORMATION

SCENE INFORMATION

PROVIDER INFORMATION

| | | | | | |
|----------------------|---------------------------|---|---------------|---|--|
| Name: | | Incident Location: 1115 W. ROCK LANE | | Destination: Alameda Hospital | |
| Address: | | Disposition: ED - Transport by Unit to ED | | Base Hospital: Alameda Hospital | |
| State: | Zip: | Sex: M <input checked="" type="radio"/> F <input type="radio"/> | Weight Kg: 65 | Special Scene Conditions: None Identified | |
| Age: 28 Years | Date of Birth: 12/21/1972 | Call Authorization: 911 | | Radio Protocol: PD 800 Mhz Radio | |
| Time of Birth: 00:00 | | | | Provider: 2748 (AFD Engine Company) | |
| | | | | Transport Provider: 2792 (AFD Transport Unit) | |

| | | | |
|---|---------------------------------------|---------------------------|-------------------------|
| Reason Aid Requested: Trauma: Sport/Recreational Injury | Mechanism of Injury: Bicycle Accident | Type of Patient: Trauma | Safety Equip Used: None |
| General Assessment: Extremity Pain R/O Fracture Closed | Chief Complaint: Extremity Pain | First Care Given By: None | |

| | | | | | | | |
|-------------|----------------------------------|-----------------------|-----------------------|----------------------------|---------------------------|----------------------|----------------------------------|
| Body System | WNL | ABN | NC | GCS/E: 16 | Trauma Score: 18 | Transport Unit: 2792 | Time: 18:08 |
| Head/Face | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Initial Patient Assessment | | Police Agency | Arrived Scene: 18:13 |
| Neck | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Skin Color: Normal | Skin Temp: Warm | ALAMEDA - PD | Transport Unit Arrived: 18:13 |
| Chest | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Skin Moisture: Normal | Cap Refill: < 2 Seconds | Transport Code | Transport Unit Left Scene: 18:18 |
| Abdomen | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | L - Lung Sounds - R | L - Pupils - R | To Scene: 3 | TU Arrived Destination: 18:20 |
| Back | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Clear | Clear | To Hospital: 1 | 1st Hospital Report |
| Extremities | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | Eye Opening: Spontaneous | Verbal Response: Oriented | Unit: 2792 | Available: 18:20 |

| | | |
|--|--------------------|-----------|
| Trauma Triage Criteria | Current Medication | Allergies |
| P Does not meet trauma Triage Criteria | None | None |

Medical History: NONE

Patient Narrative: 2792 ARRIVED TO FIND PT SITTING ON GROUND, BEING ASSESSED BY 2745 CREW. PT COMPLAINS OF PAIN TO HIS LOWER RT LEG AFTER FALLING OFF HIS BIKE AT THE SKATE PARK. PT PRESENTS WITH AN OBVIOUS CLOSED FX TO TIB FIB, PROXIMAL TO ANKLE OF RT LEG. PT APPEARS OTHERWISE ATRAUMATIC WITH NO OTHER COMPLAINTS. A SPLINT IS APPLIED, WITH COLD PACKS. CSM CHECKED BEFORE AND AFTER APPLICATION. PT ASSGITED TO GURNEY, CODE 2 TX TO AECC. DELIVERED TO ER NURSE HENDRIX WITHOUT CHANGE.

| Vitals | | | | | | | |
|--------|---------|-------|----------|-----------------|----------|---------------|--------|
| Time | B/P | Pulse | Location | Pulse Character | Res Rate | Res Character | O2 Sat |
| 18:16 | 160 / F | 92 | Radial | Regular | 18 | Regular | |

| Splint | | | | | | | |
|--------|--------|---------|---------|---------|---------|---------|---------|
| Time | Device | C Below | S Below | M Below | C Above | S Above | M Above |
| 18:17 | Splint | Yes | Yes | Yes | Yes | Yes | Yes |

| Procedures | | | | Attendant Name | |
|---|---------------------------|-------------|-----------------------|------------------------|--|
| Time | Procedure | Description | | | |
| 18:15 | Assessment | | | Domenick Weaver EMT IA | |
| <input type="checkbox"/> Field Save <input type="checkbox"/> Improved <input type="checkbox"/> Maintained <input type="checkbox"/> Unable To Determine <input type="checkbox"/> Admit <input type="checkbox"/> Transfer <input type="checkbox"/> Field Death <input type="checkbox"/> Expired | | | | | |
| Primary | Domenick Weaver EMT IA | 970249 | Base Hospital M.D. | | |
| Crew 1 | Robin Heindl EMT IA | 88067 | MD/Approve Signature: | [Y] [N] JOHNSON, S | |
| Crew 2 | | | Receiving Hosp Staff: | HENDRIX | |
| Crew 3 | Capt. Alfred Rager EMT IA | 970237 | Signature: | HENDRIX | |

Signature: [Signature] EMS Case Number: 133 Page 1 of 2

City of Alameda

EMS

Patient Number: 1 Of: 1

Case No:

F993381

Medical Re

Date:

1/21/99

| | | | | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|--|--------------------------------|--|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Field Save | <input type="checkbox"/> Improved | <input type="checkbox"/> Maintained | <input type="checkbox"/> Unable To Determine | <input type="checkbox"/> Admit | <input type="checkbox"/> Transfer | <input type="checkbox"/> Field Death | <input type="checkbox"/> Expired |
| Primary | Domenick Weaver EMT IA | 970249 | | Base Hospital M.D. | | | |
| Crew 1 | Robin Haines EMT IA | 88057 | | MD/Approve Signature: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | |
| Crew 2 | | | | Receiving Hosp Staff | JOHNSON, S | | |
| Crew 3 | Capt. Alfred Rager EMT IA | 970237 | | MIC/RRN | HENDRIX | | |

Signature: _____

EMS Case Number: 131

Page 2 of 2

City of Alameda

EMS

PREHOSPITAL CARE REPORT

PATIENT INFORMATION

SCENE INFORMATION

PROVIDER INFORMATION

| | | | | | |
|---------------------------|--|----------------------------------|--|---------------------------|--|
| Name: | | Incident Location: | | Destination: | |
| Address: | | 3000 MAIN ST. | | Alameda Hospital | |
| State: Zip: | | Disposition: | | Base Hospital: | |
| Sex: M () F () | | ED- Transport by Unit to ED | | Alameda Hospital | |
| Weight Kg: 85 | | Special Scene Conditions: | | Provider: | |
| Age: 35 Years | | None Identified | | 2745 (AFD Engine Company) | |
| Date of Birth: 09/26/1963 | | Call Authorization: 911 | | Transport Provider: | |
| Time of Birth: 00:00 | | Radio Protocol: FD 800 Mhz Radio | | 2782 (AFD Transport Unit) | |

| | | |
|------------------------------------|----------------------|---------------------------|
| Reason Aid Requested: | Mechanism of Injury: | Type of Patient: |
| Trauma: Sport/Recreational Injury | Recreation Accident | Trauma |
| General Assessment: | Chief Complaint: | Safety Equip Used: None |
| Extremity Pain R/O Fracture Closed | PN. TO THE R ANKLE | First Care Given By: None |

| | | | | | | | |
|-------------|-----|-----|-----|----------------------------|-----------------|-----------------|---------------------------------|
| Body System | WNL | ABN | NC | GCSK: 15 | Trauma Score: | Transport Unit: | Time |
| Head/Face | () | () | () | Initial Patient Assessment | | 2782 | Enroute 18:33 |
| Neck | () | () | () | Skin Color | Skin Temp | Police Agency | Arrived Scene 18:38 |
| Chest | () | () | () | Normal | Warm | ALAMEDA - PD | Transport Unit Arrived 18:42 |
| Abdomen | () | () | () | L - Lung Sounds - R | Normal | Transport Code | Transport Unit Left Scene 18:47 |
| Back | () | () | () | L - Pupils - R | < 2 Seconds | To Scene: 3 | TU Arrived Destination 18:52 |
| Pelvis | () | () | () | Clear | Clear | To Hospital: 1 | 1st Hospital Report |
| Extremities | () | () | () | Eye Opening | Verbal Response | Unit: 2782 | Available 17:07 |
| | | | | Spontaneous | Oriented | | |
| | | | | | Obvys Verbal | | |

| | | | |
|----------------------------|---|--------------------|-----------|
| Treatment Prior to Arrival | Trauma Triage Criteria | Current Medication | Allergies |
| Wounds/Bandage | P) Does not meet trauma Triage Criteria | None | None |

Medical History: PT. DENIES

Patient Narrative:
 2782 RESPONDED TO 3000 MAIN ST. FOR A 36 Y/O MALE THAT HAD BROKEN HIS ANKLE SKATEBOARDING. UPON ARRIVAL 2782 FOUND THE PT. LAYING IN THE SUPINE POSITION BEING ATTENDED TO BY THE CREW OF 2745. THEY HAD PLACED AN ICE-PACK WITH GAUZE ON THE PT.'S R ANKLE. THE PT. HAD LANDED ON HIS R ANKLE WHILE SKATEBOARDING AT THE SKATEBOARD PARK. THE PT.'S ANKLE WAS ROTATED OUTWARD WITH DEFORMITY TO THE INSIDE OF HIS ANKLE. THE PT. C/C WAS R ANKLE PN. ONLY. THE PT. DENIED HITTING HIS HEAD OR BACK. HE WAS A/O X4 WITH NO LOC. WHEN ASKED IF THE PT. WAS DIZZY HE STATED "YES". THE PT. WAS PLACED ON O2 VIA N/C AT 2 LITERS. THE PT.'S LEG WAS PLACED INTO A SPLINT. HE WAS SIT-PICKED TO THE GURNEY AND PLACED INTO THE AMBULANCE. THE PT. DID HAVE GOOD CIRCULATION OF HIS EXTREMITIES. THE PT. WAS TRANSPORTED CODE 2 TO AECC, WITH MONITORING ENROUTE. A VERBAL REPORT WAS GIVEN TO THE ER STAFF.

| Time | R/P | Pulse | Location | Vital | Res Rate | Res Character | O2 Sat |
|---------------|-----------|-------|----------|-----------------|----------|---------------|--------|
| 18:39 | 154 / 101 | 111 | Radial | Palp Character | 24 | Regular | |
| ECG Character | | | | Detail: Ectopy. | | | |

| Time | Device | Splint | C Before | S Before | M Before | C After | S After | M After |
|---------|----------------------------|----------|---------------------|----------------------|----------|-------------|---------|---------|
| 18:40 | Field Stave | Improved | Maintained | Yes | Yes | Yes | Yes | Yes |
| Primary | Richard Navarro EMT IA | 970244 | Unable To Determine | Admit | Transfer | Field Death | Expired | |
| Crew 1 | Steven Mark EMT IA | 970192 | | Base Hospital M.D. | | | | |
| Crew 2 | Timothy Holdshaw EMT IA | 970172 | | MD/Approv Signature: | | | | |
| Crew 3 | Capt. Richard Davis EMT IA | 970179 | | Receiving Hosp Staff | | | | |
| | | | | MICN/RN | | | | |
| | | | | | | PALEN | | |

Signature: _____ EMS Case Number: 2577 Page 1 of 2

City of Alameda
EMS

Patient Number: 1 Of: 1

Case No.:

F992556

Medical Re:

Date:

6/27/99

| Time | Procedure | Description | Attendant Name |
|-------|--------------|---------------------------|------------------------|
| 16:38 | Assessment | | Richard Navarro EMT IA |
| 16:39 | Dress Wounds | | Richard Navarro EMT IA |
| 16:45 | Oxygen | Nasal Cannula Rmb = 2 LPM | Richard Navarro EMT IA |

| | | | | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|--|--------------------------------|-----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Total Save | <input type="checkbox"/> Improved | <input type="checkbox"/> Maintained | <input type="checkbox"/> Unable To Determine | <input type="checkbox"/> Admit | <input type="checkbox"/> Transfer | <input type="checkbox"/> Field Death | <input type="checkbox"/> Expired |
| Primary | Richard Navarro EMT IA | 870244 | Base Hospital M.D. | SOOHOO, DAVID | | | |
| Crew 1 | Steven Mrok EMT IA | 870192 | MD/Approve Signature: | Y <input type="checkbox"/> NI | | | |
| Crew 2 | Timothy Holstlaw EMT IA | 870172 | Receiving Hosp Staff | PALEN | | | |
| Crew 3 | Capt. Richard Davis EMT IA | 870178 | MICN/RN | | | | |

Signature:

EMS Case Number 2577

ALAMEDA FIRE DEPT
3001 WARE ST
ALAMEDA, CA 94507

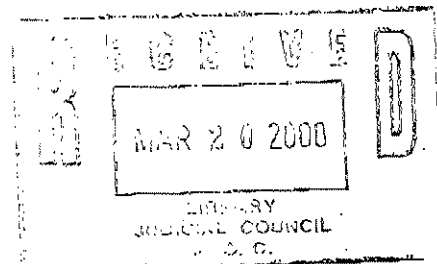
Page 2 of 2

In-line Skating Injuries on Public Property

**Report to the Legislature
March 7, 2000**

Attachment 2

City of Chico





OFFICE OF THE
CITY MANAGER

411 Main Street
P.O. Box 3420
Chico, CA 95927

(530) 895-4800
FAX (530) 895-4825
ATSS 469-4800

D-14-30-1/Chrono

January 24, 2000

Administrative Office of the Courts
California Judicial Council
Attn: Jacquelyn Harbert, Sr. Research Analyst
455 Golden Gate Avenue, 5th Floor
San Francisco, CA 94102

RE: City of Chico - Annual Report of Skate Park Injuries and Claims - Pursuant to Section 115800 of the California Health and Safety Code.

Dear Ms. Harbert:

As required by paragraph (d) (4) of Section 115800 of the California Health and Safety Code, enclosed are copies of City of Chico reports of skate park accidents which occurred at the City's skate park during calendar year 1999. (It should be noted that our skate park first opened on 7/2/99, so the reporting period is actually 6 months in length.)

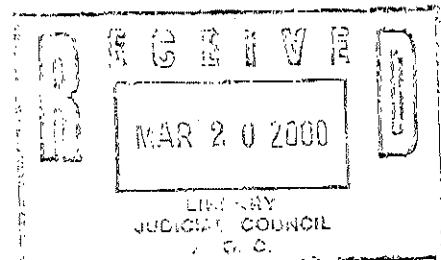
To summarize, there were 7 injury accidents which were reported to the City or came to our attention. Four of these resulted in a broken wrist, one in a broken arm and two in a head injury or concussion. As of this date, no tort claims or lawsuits have been filed against the City as a result of these accidents, and no damages have been paid.

If you have any questions regarding this information, please call me at (530) 895-4820, or contact me by email at bkoch@ci.chico.ca.us.

Sincerely

Robert E. Koch
Risk Manager

c: CM/ACM (w/o enc.)
Park Director (w/o enc.)



CITY OF CHICO
REPORT OF ACCIDENT, THEFT, OR DAMAGE INVOLVING CITY PROPERTY

RECEIVED

INSTRUCTIONS: Complete this form as soon after incident as possible. Turn it in to your department head ^{for approval and signature}. The department head will detach the originator's copy and forward the other copies to the Risk Manager for review and distribution.

CITY MANAGER
CITY OF CHICO

SECTION I. DATE AND PERSONS INVOLVED

Type of Report: Accident Theft Damage Date of Incident 10/11/99 Time 5:05 P M

PERSONS INVOLVED:
 (1) Name GREG SAVIN Address 475 E 7th St A Phone 342-6279

(2) Name _____ Address _____ Phone _____

WITNESSES:
 (1) Name Unknown Address _____ Phone _____

(2) Name _____ Address _____ Phone _____

SECTION II. DESCRIPTION

LOCATION OF INCIDENT: 359 Humbolt Av

INJURY SUSTAINED (if any): Possible Head injury

DESCRIPTION (What happened; how it happened; extent and description of accident, theft or damage to City property, and City property inventory number):

Subject fell and struck his head while rollerblading at the SKATE PARK. E1, Truck 1 and Chief 3 with First Responder Medics responded to the incident (99-3779). First Responder transported the juvenile to Enloe.

(Attach additional page if necessary for complete description)

SECTION III. VEHICLE INFORMATION

If Vehicles Involved, Complete the Following:

| | NAME AND ADDRESS OF DRIVER | Driver License No. | VEHICLE INFORMATION | | | Insurance Company/ Policy No. |
|------------|----------------------------|--------------------|---------------------|------|---------|-------------------------------|
| | | | Make | Year | License | |
| Veh. No. 1 | ----- | | | | | |
| Veh. No. 2 | ----- | | | | | |

Registered Owner, Veh. No. 1 _____ Address _____

Registered Owner, Veh. No. 2 _____ Address _____

SECTION IV. PERSON MAKING REPORT AND ACTION TAKEN

This report completed by BRIAN CONRY Position CAPTAIN

Department FIRE Date 10/11/99

on taken Completed inc. Report CFD 99-3779 - Enloe to contact parents

By Whom Brian P. Conry Date 10/11/99 Cam Schell
 DEPARTMENT HEAD SIGNATURE

- White Copy-City Manager L-GEN-4
- Blue Copy-General Services
- Yellow Copy-Originator
- Pink Copy-Claims Administrator
- Goldenrod Copy-Finance Officer

CITY OF CHICO
REPORT OF ACCIDENT, THEFT, OR DAMAGE INVOLVING CITY PROPERTY

INSTRUCTIONS: Complete this form as soon after incident as possible. Turn it in to your department head for approval and signature. The department head will detach the originator's copy and forward the other copies to the Risk Manager for review and distribution.

SECTION I. DATE AND PERSONS INVOLVED

Type of Report: Accident Theft Damage Date of Incident 8/28/99 Time 1:50 P M

PERSONS INVOLVED:
 (1) Name TRAVIS STEVENS Address 2354 EUGENE Phone 345-4386
 (2) Name _____ Address _____ Phone _____

WITNESSES:
 (1) Name _____ Address _____ Phone _____
 (2) Name _____ Address _____ Phone _____

SECTION II. DESCRIPTION

LOCATION OF INCIDENT: 359 Humbolt - Skateboard Park

INJURY SUSTAINED (if any): BROKEN WRIST

DESCRIPTION (What happened; how it happened; extent and description of accident, theft or damage to City property, and City property inventory number):
While skateboarding the subject fell and sustained a broken wrist on his right arm.

(Attach additional page if necessary for complete description)

SECTION III. VEHICLE INFORMATION

If Vehicles Involved, Complete the Following:

| | NAME AND ADDRESS OF DRIVER | Driver License No. | VEHICLE INFORMATION | | | Insurance Company/ Policy No. |
|------------|----------------------------|--------------------|---------------------|------|---------|-------------------------------|
| | | | Make | Year | License | |
| Veh. No. 1 | ----- | | | | | |
| Veh. No. 2 | ----- | | | | | |

Registered Owner, Veh. No. 1 _____ Address _____
 Registered Owner, Veh. No. 2 _____ Address _____

SECTION IV. PERSON MAKING REPORT AND ACTION TAKEN

This report completed by BRIAN CONEY Position Fire Captain
 Department FIRE Date 8/27/99

Action taken _____

By Whom _____ Date _____

 DEPARTMENT HEAD SIGNATURE

- White Copy-City Manager L-GEN-4
- Blue Copy-General Services
- Yellow Copy-Originator
- Pink Copy-Claims Administrator
- Goldenrod Copy-Finance Officer

CITY OF CHICO
REPORT OF ACCIDENT, THEFT, OR DAMAGE INVOLVING CITY PROPERTY

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RECEIVED
AUG 17 1999

SECTION I. DATE AND PERSONS INVOLVED

Type of Report: Accident Theft Damage Date of Incident 8/16/99 CITY MANAGER 3:10 P M
CITY OF CHICO

PERSONS INVOLVED:
 (1) Name David Waters Address 2242 Park Avenue Phone 898-9244
 (2) Name _____ Address _____ Phone _____

WITNESSES:
 (1) Name Jeremy Chacon Address 500 Esplanade #16 Phone None
 (2) Name Brandon Pryor Address 21 Ricky Ct. #1 Phone 899-9766

SECTION II. DESCRIPTION

LOCATION OF INCIDENT: Humboldt Neighborhood Park (Skate Park)

INJURY SUSTAINED (if any): Mild to severe concussion

DESCRIPTION (What happened; how it happened; extent and description of accident, theft or damage to City property, and City property inventory number):

According to above witnesses, Waters was skateboarding down a concrete ramp when his skateboard came out from under him. This caused Waters to fall back and hit his head on the skate track. Waters was not wearing a helmet.

(Attach additional page if necessary for complete description)

SECTION III. VEHICLE INFORMATION

If Vehicles Involved, Complete the Following:

| | NAME AND ADDRESS OF DRIVER | Driver License No. | VEHICLE INFORMATION | | | Insurance Company/ Policy No. |
|------------|----------------------------|--------------------|---------------------|------|---------|-------------------------------|
| | | | Make | Year | License | |
| Veh. No. 1 | ----- | | | | | |
| Veh. No. 2 | ----- | | | | | |

Registered Owner, Veh. No. 1 _____ Address _____

Registered Owner, Veh. No. 2 _____ Address _____

SECTION IV. PERSON MAKING REPORT AND ACTION TAKEN

This report completed by Steven Hogue Position Park Ranger

Department Park Date 8/16/99

Action taken Report filed.

By Whom Steven Hogue Date 8/16/99

[Signature]
 DEPARTMENT HEAD SIGNATURE

- White Copy-City Manager L-GEN-4
- Blue Copy-General Services
- Yellow Copy-Originator
- Pink Copy-Claims Administrator
- Goldenrod Copy-Finance Officer

CITY OF CHICO
REPORT OF ACCIDENT, THEFT, OR DAMAGE INVOLVING CITY PROPERTY

INSTRUCTIONS: Complete this form as soon after incident as possible. Turn it in to your department head for approval and signature. The department head will detach the originator's copy and forward the other copies to the Risk Manager for review and distribution.

SECTION I. DATE AND PERSONS INVOLVED

Type of Report: Accident Theft Damage Date of Incident 8-10-99 Time 1239 M

PERSONS INVOLVED:
 (1) Name Darren Pasilis Address 3247 Trevor Rd Phone 534-1548
Orville Ca.
 (2) Name _____ Address _____ Phone _____

WITNESSES:
 (1) Name _____ Address _____ Phone _____
 (2) Name _____ Address _____ Phone _____

SECTION II. DESCRIPTION

LOCATION OF INCIDENT: 359 Humboldt Av. (skateboard Park)

INJURY SUSTAINED (if any): Possible Broken Wrist

DESCRIPTION (What happened; how it happened; extent and description of accident, theft or damage to City property, and City property inventory number):
Darren Pasilis was skateboarding when he fell. Sustained injured wrist from fall. Unknown if Pr. transported by Medic's of Mother to Medical Facility
8-24-99 - Darren's mother called me back. She took her son to Enloe. He had a broken wrist.
 (Attach additional page if necessary for complete description)

SECTION III. VEHICLE INFORMATION

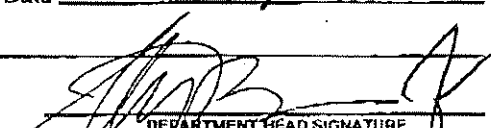
If Vehicles Involved, Complete the Following:

| | NAME AND ADDRESS OF DRIVER | Driver License No. | VEHICLE INFORMATION | | | Insurance Company/ Policy No. |
|------------|----------------------------|--------------------|---------------------|------|---------|-------------------------------|
| | | | Make | Year | License | |
| Veh. No. 1 | ----- | | | | | |
| Veh. No. 2 | ----- | | | | | |

Registered Owner, Veh. No. 1 _____ Address _____
 Registered Owner, Veh. No. 2 _____ Address _____

SECTION IV. PERSON MAKING REPORT AND ACTION TAKEN

This report completed by John Stavelley Position Fire Capt
 Department 40 Date 8-10-99
 Action taken _____
 By Whom _____ Date _____


 DEPARTMENT HEAD SIGNATURE

- White Copy-City Manager L-GEN-4
- Blue Copy-General Services
- Yellow Copy-Originator
- Pink Copy-Claims Administrator
- Goldenrod Copy-Finance Officer

CITY OF CHICO
REPORT OF ACCIDENT, THEFT, OR DAMAGE INVOLVING CITY PROPERTY

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RECEIVED
 AUG 0 1999

SECTION I. DATE AND PERSONS INVOLVED

Type of Report: Accident Theft Damage Date of Incident 8/2/99 CITY MANAGER 1320 M
 CITY OF CHICO

PERSONS INVOLVED:
 (1) Name Dereck Anderson Address 2630 Forest View Dr. Oroville, CA Phone 533-2116
 (2) Name _____ Address _____ Phone _____

WITNESSES:
 (1) Name Frank Debear Address 2641 Forest View Dr. Oroville, CA Phone 534-3229
 (2) Name _____ Address _____ Phone _____

SECTION II. DESCRIPTION

LOCATION OF INCIDENT: Humboldt Skate Park

INJURY SUSTAINED (if any): Right lower portion of arm

DESCRIPTION (What happened; how it happened; extent and description of accident, theft or damage to City property, and City property inventory number):
(v) was skateboarding with (w) at Humboldt Skate Park when another skater's board hit victim's board which knocked victim's board out from underneath him. Victim fell and landed on his right arm, fracturing it. No safety equipment was being worn.

(Attach additional page if necessary for complete description)

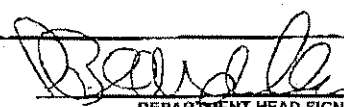
SECTION III. VEHICLE INFORMATION

If Vehicles Involved, Complete the Following:

| | NAME AND ADDRESS OF DRIVER | Driver License No. | VEHICLE INFORMATION | | | Insurance Company/ Policy No. |
|------------|----------------------------|--------------------|---------------------|------|---------|-------------------------------|
| | | | Make | Year | License | |
| Veh. No. 1 | ----- | | | | | |
| Veh. No. 2 | ----- | | | | | |

Registered Owner, Veh. No. 1 _____ Address _____
 Registered Owner, Veh. No. 2 _____ Address _____

SECTION IV. PERSON MAKING REPORT AND ACTION TAKEN

This report completed by Bryan Simpson Position Park Ranger
 Department Park Date 8/2/99
 Action taken Victim taken to hospital, report filed.
 By Whom Bryan Simpson Date 8/2/99 
 DEPARTMENT HEAD SIGNATURE

- White Copy-City Manager L-GEN-4 Blue Copy-General Services Yellow Copy-Originator
 Pink Copy-Claims Administrator Goldenrod Copy-Finance Officer D-14-3071

CITY OF CHICO
REPORT OF ACCIDENT, THEFT, OR DAMAGE INVOLVING CITY PROPERTY

INSTRUCTIONS: Complete this form as soon after incident as possible. Turn it in to your department head for approval and signature. The department head will detach the originator's copy and forward the other copies to the Risk Manager for review and distribution.

SECTION I. DATE AND PERSONS INVOLVED

Type of Report: Accident Theft Damage Date of Incident 7/8/99 Time 1:00 P.M.

PERSONS INVOLVED:
 (1) Name Tory Pryor Address 1472 Fetter St., Chico City Phone 899-8243
 (2) Name _____ Address _____ Phone _____

WITNESSES:
 (1) Name _____ Address _____ Phone _____
 (2) Name _____ Address _____ Phone _____

SECTION II. DESCRIPTION

LOCATION OF INCIDENT: Humboldt Neighborhood Park (Skate Park)

INJURY SUSTAINED (if any): Possible broken left wrist

DESCRIPTION (What happened; how it happened; extent and description of accident, theft or damage to City property, and City property inventory number):
While observing activity at the skate park, I saw a young juvenile sitting down holding his wrist. He said he fell while in the bowl. He could not grip with his left hand or rotate it. I telephoned his grandfather, who responded to take custody. (At the time of incident, Tory was not wearing any safety gear or shirt). SUPPLEMENT: 7/12/99 I contacted Debra Pryor (mother of victim) who informed me that Tory suffered a broken wrist. He was treated at Enloe.

(Attach additional page if necessary for complete description)

SECTION III. VEHICLE INFORMATION

If Vehicles Involved, Complete the Following:

| | NAME AND ADDRESS OF DRIVER | Driver License No. | VEHICLE INFORMATION | | | Insurance Company/ Policy No. |
|------------|----------------------------|--------------------|---------------------|------|---------|-------------------------------|
| | | | Make | Year | License | |
| Veh. No. 1 | ----- | | | | | |
| Veh. No. 2 | ----- | | | | | |

Registered Owner, Veh. No. 1 _____ Address _____
 Registered Owner, Veh. No. 2 _____ Address _____

SECTION IV. PERSON MAKING REPORT AND ACTION TAKEN

This report completed by R. Sheridan Position Police Officer
 Department Chico Police Department Date _____
 Action taken Grandmother notified - self transport for medical treatment
 By Whom _____ Date _____

[Signature] 7-13-99
 DEPARTMENT HEAD SIGNATURE CH301

- White Copy-City Manager L-GEN-4 Blue Copy-General Services Yellow Copy-Originator
 Pink Copy-Claims Administrator Goldenrod Copy-Finance Officer

CITY OF CHICO
REPORT OF ACCIDENT, THEFT, OR DAMAGE INVOLVING CITY PROPERTY

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SECTION I. DATE AND PERSONS INVOLVED

Type of Report: Accident Theft Damage Date of Incident 7-5-99 Time 1530 P.M.

PERSONS INVOLVED:
 (1) Name Earl Pryor Address 1472 FETTER Phone 891-8243
 (2) Name _____ Address _____ Phone _____

WITNESSES:
 (1) Name _____ Address _____ Phone _____
 (2) Name _____ Address _____ Phone _____

SECTION II. DESCRIPTION

LOCATION OF INCIDENT: 359 Humboldt Road

INJURY SUSTAINED (if any): Possible Broken Wrist, Left

DESCRIPTION (What happened; how it happened; extent and description of accident, theft or damage to City property, and City property inventory number):

Earl Pryor, Age 11 (DOB 3-8-88) was inline skating when he fell. When Pryor fell he sustained a possible broken left wrist. Patient checked by First Responder Medics. Mother was contacted and arrived during our presence. Patient taken to medical facility by mother.
 (Attach additional page if necessary for complete description)

SECTION III. VEHICLE INFORMATION

If Vehicles Involved, Complete the Following:

| | NAME AND ADDRESS OF DRIVER | Driver License No. | VEHICLE INFORMATION | | | Insurance Company/ Policy No. |
|------------|----------------------------|--------------------|---------------------|------|---------|-------------------------------|
| | | | Make | Year | License | |
| Veh. No. 1 | ----- | | | | | |
| Veh. No. 2 | ----- | | | | | |

Registered Owner, Veh. No. 1 _____ Address _____

Registered Owner, Veh. No. 2 _____ Address _____

SECTION IV. PERSON MAKING REPORT AND ACTION TAKEN

This report completed by John Staveley Position Fire Capt.

Department 40/ Fire Date 7-5-99

Action taken _____

By Whom _____ Date _____

DEPARTMENT HEAD SIGNATURE

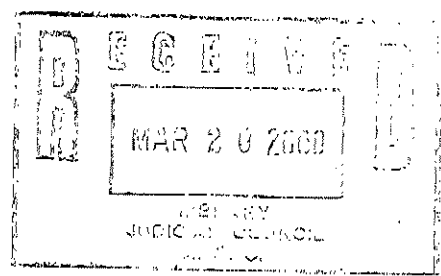
- White Copy-City Manager L-GEN-4
- Blue Copy-General Services
- Yellow Copy-Originator
- Pink Copy-Claims Administrator
- Goldenrod Copy-Finance Officer

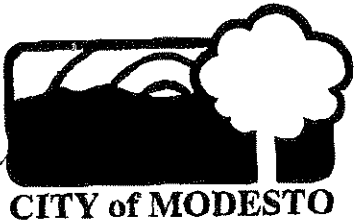
In-line Skating Injuries on Public Property

**Report to the Legislature
March 7, 2000**

Attachment 3

City of Modesto





February 1, 2000

**Recreation and
Neighborhoods
Department**

1010 Tenth Street
Suite 4400
P.O. Box 642
Modesto, CA 95353
209/577-5344
209/579-5077 Fax

Hearing and Speech
Impaired Only
TDD 209/526-9211

JUDICIAL COUNCIL OF CALIFORNIA
C/o Ms. Stephanie Leonard
455 Golden Gate
San Francisco, CA 94102

REF: **Bill Number: AB 1296, Morrow, Liability - Reported Injuries**

As directed by AB 1296 the City of Modesto Recreation and Neighborhoods Department has compiled a list of all skateboard injuries that occurred at the Modesto Skate Park from January 1, 1999 through December 31, 1999. During this 12 month period there were 5 injuries which were reported to and logged by the Modesto Fire Department emergency personnel. These emergency calls are outlined as follows:

- | | |
|-------------------|---|
| January 30, 1999 | Possible broken right forearm |
| March 24, 1999 | Injured knee - 25 yr. old with broken patella |
| May 12, 1999 | 27 yr. old male with head injury |
| July 26, 1999 | Possible broken leg |
| November 28, 1999 | Minor slip or fall |

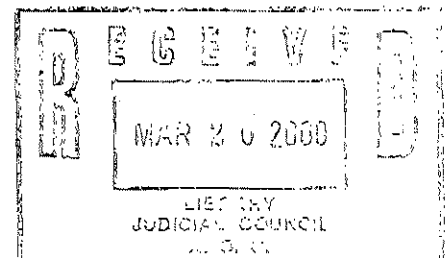
The Modesto Skate Park is a 13,000 square ft. unfenced and unsupervised outdoor park located adjacent to Beyer Community Park in Modesto. A large sign is posted at the facility which states the skate park rules and also includes a warning that skateboarding and skating are hazardous recreational activities and any use is at the skater's own risk. All skaters are required to follow the rules which include that all users are required to wear helmets, kneepads, and elbow pads (per Modesto Municipal Code 7-4.04.)

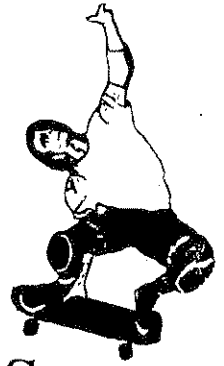
If I can be of further assistance please feel free to contact me at (209) 577-5355.

Sincerely,

Doug Lemcke
Recreation Supervisor II

Cc: James E. Niskanen, Director





CITY OF MODESTO



MODESTO SKATE PARK RULES

- All users are required to wear helmets, kneepads, and elbow pads
(Per M.M.C. 7-4.04)
- Skateboards and skates only — NO bicycles or foot traffic
- Please observe park hours --- 6 a.m. to dusk
- Please keep noise to a minimum. Protect your skate park from graffiti and abuse.
- Keep food or drink off the skating surface.
- No glass in or around skating area.
- Additional obstacles or other materials (ramps/jumps) may not be used at skate park.
- Do not use facility if a hazardous condition exists. Report any damage/hazardous condition to the City of Modesto Operations and Maintenance Department.
- All organized events shall have written approval from the Director of Community Services & Neighborhood connections Department.

WARNING

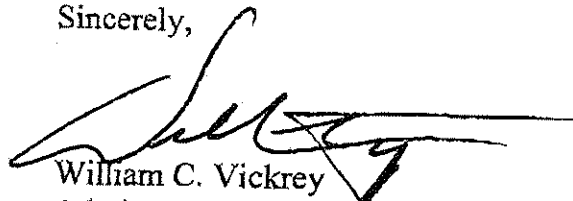
Skateboarding and skating are hazardous recreational activities. Use of this facility may result in death, paralysis, brain damage, concussion, broken bones or other serious injury. Any use is at your own risk. The City of Modesto does not assume any responsibility for injuries.

LIBRARY
JUDICIAL COUNCIL
A. O. C.

Mr. Gregory, Mr. Schmidt and Mr. Wilson
March 8, 2001
Page 2

If you have any questions related to this report, please contact Francine Byrne,
Research Analyst, at 415-865-7658.

Sincerely,



William C. Vickrey
Administrative Director of the Courts

WCV/FB
Attachments

cc: Members of the Judicial Council
Ray LeBov, Office of Governmental Affairs
Judicial Administration Library (2 copies)

