

# EXECUTIVE BRIEF REGULAR MEETING

**AGENDA DATE:** August 18, 2020

**DEPARTMENT:** Legal

**TITLE:**

Consideration of settlement with Alide Cajuste in the amount of \$35,000 (inclusive of attorney's fees)

**SUMMARY:**

This is a request to settle a lawsuit with Ms. Cajuste for injuries she sustained in a trip and fall accident that occurred in August 2016. If approved, the claimant will execute a general release in favor of the City.

**BACKGROUND AND JUSTIFICATION:**

This case arises out of an accident that occurred on August 25, 2016, when Plaintiff, Alide Cajuste, slipped and fell on the stairs at the north exit of the Lake Worth Public Utilities Customer Service Center located at 414 Lake Avenue after paying her utility bill. The stairs had berries on them which Plaintiff states caused her to fall. As a result of the fall, Plaintiff injured her ankle, knee, elbow, shoulder, hips, back, chest, ribs and head. Plaintiff has medical bills near \$20,000 for treatment, and may require lumbar discectomy surgery.

After court ordered mediation failed, the parties continued to discuss settlement. The parties have tentatively agreed to a settlement of \$35,000, which is inclusive of attorney's fees and costs. The settlement agreement is contingent upon City Commission approval, and is recommended.

**MOTION:**

Move to approve the settlement with Ms. Cajuste in the amount of \$35,000 (inclusive of attorney's fees), in exchange for a complete release.

**ATTACHMENT(S):**

Fiscal Impact Analysis

**FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

<b>Fiscal Years</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Capital Expenditures	0	0	0	0	0
Operating Expenditures	\$35,000	0	0	0	0
External Revenues	0	0	0	0	0
Program Income	0	0	0	0	0
In-kind Match	0	0	0	0	0
 Net Fiscal Impact	 \$35,000	 0	 0	 0	 0
 No. of Addn'l Full-Time Employee Positions	 0	 0	 0	 0	 0

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

Account Number	Account Description	Project Number	FY20 Budget	Current Balance	Agenda Expenditure	Balance
520-1332-513-45-60	Self-Insurance					

**C. Department Fiscal Review:\_\_\_\_\_**