

OnBase ID # 85897

June 21, 2021

To: Honorable Members of the
Board of Acquisition and Contract

From: John M. Nonna
County Attorney

Re: Request for Authorization to Settle the Claim asserted by Yvette Zapata against
Liberty Lines Transit in the amount of \$20,000.00.

Attached for your consideration is a resolution which, if approved by your Honorable Board, would authorize payment of the claim asserted by Yvette Zapata against Liberty Lines Transit.

This matter arises out of an incident which occurred on August 25, 2018 at the Mosholu Parkway station bus stop on Jerome Street between E. 208th Street and Mosholu Parkway, in the County of Bronx, City and State of New York. The claimant, Yvette Zapata, while a pedestrian waiting to board a Bee-Line bus (#564) claims she was caused to be seriously injured when the operator of the bus pressed the button to lower the handicap access ramp, which then struck the claimant in the left foot. As a result, the claimant sustained a left foot fracture and other injuries, which are evidenced by photographs taken at the scene.

The claimant is represented by Greg Garber, Esq., 60 Madison Avenue, Suite 1005, New York, New York 10010.

In light of the nature of claimant's injuries, the claim has been settled with \$20,000.00 authority.

JMN/cb

RESOLUTION

Upon the communication of the County Attorney, it is hereby

RESOLVED, that the County Attorney is hereby authorized to settle the claim asserted by Yvette Zapata against Liberty Lines Transit, by payment from the County of Westchester to the New York Municipal Insurance Reciprocal in the amount of \$20,000.00; and it is further

RESOLVED, that the County Attorney or his designee is authorized to execute any documents necessary to implement this resolution.

Original Agreement	\$	N/A
First Amendment	\$	N/A
This Amendment	\$	N/A
TOTAL	\$	N/A

Account to be Charged/Credited

Fund	Dept.	Major Program, Program & Phase Or Unit	Object/ Sub-Object	Trust Account	Dollars
615	59	0698/4270	4280/05	N/A	\$20,000.00

Budget Funding Year(s) 2018 Start Date 1/1/2018 End Date 12/31/2018
(must match resolution)

Funding Source Tax Dollars _____
State Aid _____
\$ 20,000.00 Federal Aid _____
(must match resolution) Other Self-Insurance Retention 6N _____