Issued 03/01/90

Revised: 05/11 (DR)

      **SETTLEMENT REPORT**        **TRIAL REPORT**

To:                                       Date:

Assistant Chief Counsel

Case Type:

Case Style:

Court Case #:                                Court:

Judge:                                      Date(s) Tried:

Project/Claim No.:                            County/Route:

CCO Counsel:                               Opposing Counsel:

Opposing Last Demand from MHTC before Trial: $

Opposing Damage Testimony Range (if known): $

CCO Approved Offer: $

      Jury Verdict        Settlement Offer: $

1. Summary of Plaintiff’s Evidence:

Liability:

Damages:

1. Summary of Defendant’s Evidence:

Liability:

Damages:

1. Recommendation Regarding Corrective Measures (if appropriate):

**EXHIBIT 5E-2**

1. Client Contact: (Address separately for each contact) Has the issue of settlement been discussed with our clients?  Yes  No
2. With whom (District):                                      When?

Name and Title Date

Reaction:

1. With whom (Central Office):                                 When?

Name and Title Date

Reaction:

\*\* Complete only on justification for settlement \*\*

Brief Summary on Major Issues in Case:

Counsel Recommendation:

Amount of Payment: $                          Payees:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trial Counsel

Approval of Recommendation:

        GIVEN         DENIED        DEFFERRED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Chief Counsel or Regional Counsel Date

Chief Counsel (Only if Proposed Settlement Exceeds CCO Delegated Settlement Authority):

        GIVEN         DENIED        DEFFERRED

Additional Comments:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Counsel Date

Copies: Chief Counsel

Staff Counsel (approved copy)

Affected Division Director/Engineer

Affected District Engineer

\* \* Complete only on trial reports \* \*

Brief Summary on Major Issues in Trial of Case:

Error in Case? Yes  No

Motion For New Trial Recommended? Yes  No

Appeal Recommended? (See Quality Appellate Practice § (5) (G) of the Staff Procedures Manual)

Yes  No

(If yes, specify issues to be raised on appeal.)

Post Trial Action Other Than Appeal Recommended? Yes  No

Prior Verbal Approval Of Recommendation Received From:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name Title Date

Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Counsel

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistant Chief Counsel

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Counsel (if required)

Attachment: Jury Instructions (with trial reports)

Copies: Chief Counsel

Staff Counsel (approved copy)

Affected Division Director/Engineer

Affected District Engineer

j: spm/2001 procedures/EXH 5E-2 (NEW)