



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
November 20, 2013**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claims
DATE: November 13, 2013

RECOMMENDATION:

Reject claims against the City by Leroy Scheff, #13-20; Kyle Bott, #13-21; and Kevin Rabon, #13-25; and order that the claimants be notified.

BACKGROUND:

Claims should be rejected, the claimant notified of the rejection, and referred to Municipal Pooling Authority and/or the City Attorney. Government Code Section 912.6(4) provides, “If legal liability of the public entity ... is disputed, the City Council may reject the claim...”

The statute of limitations for filing a court action on a claim commences upon notification of rejection of claim.

FISCAL IMPACT:

No impact to General Fund.

ACTION:

Motion rejecting claims against the City and order that the claimants be notified.

Attachment:
Claims #13-20, #13-21, and #13-25

APPROVED BY:



Acting City Manager



Reserve for filing stamp

CLAIM PRESENTED TO THE CITY OF MARTINEZ
* Please read the instructions on the back before completing.

RECEIVED
OCT 07 2013

CITY OF MARTINEZ
CITY CLERK'S OFFICE

(13-20)

1. Claimant's Name: (PRINT) Leroy Sneff
 Address: 600 5th #135
 Day Phone: (925) 812 1264 Eve Phone: ()

2. When did the damage or injury occur?
 Month: 10 Day: 06 Year: 13 Time: a.m./p.m. 1:00 AM Police Report # 13-2873

3. At which location did the damage or injury occur?
Back Bumper Hood, fender, quarter panel, trunk, Back glass mirror, Roof

4. a. What happened and why is the City responsible? A Oak Tree fell from Alhambra Creek and Hit my Vehicle

b. Name and position of responsible City Employee(s), if known:

5. What damage or injury occurred?
Scratches to front Bumper, Hood, Right fender, Roof, Passenger Door,
Scratched Back glass, Quarter Panel, Trunk Lid, Rear Bumper,

6. Claim amount (only if less than \$10,000): 5,827.93 \$
 If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction:
 Municipal Court (claims up to \$25,000) Superior Court (claims over \$25,000)

7. How did you arrive at the amount claimed? Please attach documentation.
Body Shop Estimate

8. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on 10-07, 2013, at Martinez CA.
[Signature]
 Signature of Claimant or Representative's Signature

9. Official Notices and Correspondence
 If represented by an insurance company or an attorney, please provide the information requested below.
 Name and Capacity: (PLEASE PRINT)
 Address: _____
 City, State, Zip: _____
 Daytime Telephone: () _____ Evening Telephone: () _____



Reserve for filing stamp

CLAIM PRESENTED TO THE CITY OF MARTINEZ
* Please read the instructions on the back before completing.

RECEIVED
OCT 01 2014
CITY OF MARTINEZ
CITY CLERK'S OFFICE
113 311

1. Claimant's Name: (PRINT) Kyle Bott
 Address: 600 Jst. #235
 Day Phone: (X) 360-599-5616 Eve Phone: (X) 360-599-5616

2. When did the damage or injury occur?
 Month: 10 Day: 06 Year: 2013 Time: a.m./p.m. 1:30 AM Police Report # 13-2873

3. At which location did the damage or injury occur? 600 Jst.

4. a. What happened and why is the City responsible? City Tree Fell on my car.

b. Name and position of responsible City Employee(s), if known:

5. What damage or injury occurred? Automotive / Vehicle damage occurred

6. Claim amount (only if less than \$10,000): 5,871.⁷⁷
 If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction:
 Municipal Court (claims up to \$25,000) Superior Court (claims over \$25,000)

7. How did you arrive at the amount claimed? Please attach documentation.
Lafayette - Mike Rose's Auto Body, Inc.

8. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on 10-08, 2013, at Martinez CA.
Kyle Bott
 Signature of Claimant or Representative's Signature

9. Official Notices and Correspondence
 If represented by an insurance company or an attorney, please provide the information requested below.
 Name and Capacity: (PLEASE PRINT)
 Address:
 City, State, Zip:
 Daytime Telephone: () Evening Telephone: ()



Reserve for filing stamp

CLAIM PRESENTED TO THE CITY OF MARTINEZ
* Please read the instructions on the back before completing.

RECEIVED
CITY OF MARTINEZ
CITY CLAIMS OFFICE
(13-25)

1. Claimant's Name: (PRINT) Kevin Babon
 Address: 600 J Street #131 Martinez CA 94553
 Day Phone: 925 200 5778 Eve Phone: ()

2. When did the damage or injury occur?
 Month: October Day: 06 Year: 2013 Time: 0130 a.m./p.m. Police Report # 13-2873

3. At which location did the damage or injury occur?
600 J St #131 Martinez, CA

4. a. What happened and why is the City responsible? A city tree, on city property, fall on my vehicle parked on private property. The tree was on the other side of the creek and because of night split

b. Name and position of responsible City Employee(s), if known:
N/A

5. What damage or injury occurred? Windshield Smashed, dents to roof and fender, Paint Scratch on over 3/4 of vehicle, roof rack smashed

6. Claim amount (only if less than \$10,000): \$ 3082
 If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction:
 Municipal Court (claims up to \$25,000) Superior Court (claims over \$25,000)

7. How did you arrive at the amount claimed? Please attach documentation.
Kelly Blue Book - damages exceed value as estimated by Martinez Auto Body

8. I declare under penalty of perjury under the laws of the State of California that the following information is true and correct, and that this declaration was executed on Oct 24, 2013 at Martinez CA.
Kevin Babon
 Signature of Claimant or Representative's Signature

9. Official Notices and Correspondence
 If represented by an insurance company or an attorney, please provide the information requested below.
 Name and Capacity: (PLEASE PRINT) _____
 Address: _____
 City, State, Zip: _____
 Daytime Telephone: () _____ Evening Telephone: () _____