



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
December 4, 2013**

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

RECOMMENDATION:

Reject a claim against the City by Michael Davenport Jr., #13-24; and order that the claimant 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 claim against the City and order that the claimants be notified.

Attachment:
Claims #13-24

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 21 2013

CITY OF MARTINEZ
CITY CLAIMS OFFICE

(13-24)

1. Claimant's Name: (PRINT) MICHAEL DAVENPORT JR.
 Address: 513 VALLEY VIEW CT MARTINEZ CA 94553
 Day Phone: (925) 487 8632 Eve Phone: ()

2. When did the damage or injury occur?
 Month: 09 Day: 03 Year: 2013 Time: a.m./p.m. 6:30^{am} / 4:30pm Police Report # _____

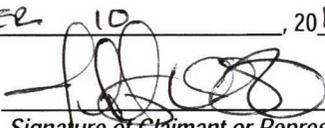
3. At which location did the damage or injury occur?
CITY OF MARTINEZ, CA. ALHAMBRA & FRANKLIN CANAL ROAD

4. a. What happened and why is the City responsible? OUR INSURED'S VEHICLE WAS PARKED & UNOCCUPIED WHEN THE CITY CONDUCTED ROAD WORK. THIS ROAD WORK CAUSED DAMAGE TO OUR INSURED'S VEHICLE. THERE WERE NO SIGNS INDICATING THAT ROAD WORK WOULD TAKE PLACE.
 b. Name and position of responsible City Employee(s), if known:
CITY ROAD WORK - NAME & POSITION UNKNOWN.

5. What damage or injury occurred?
OUR INSURED'S VEHICLE SUSTAINED PAINT DAMAGE FROM ROAD WORK TO THE LOWER DIS (DRIVER'S SIDE).

6. Claim amount (only if less than \$10,000): \$ 6420.05
 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.
PLEASE REFER TO ESTIMATE ATTACHED

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 OCTOBER 10, 2013, at BREA, CA.

 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: P.O. BOX 1150
 City, State, Zip: BREA, CA 92822
 Daytime Telephone: (925) 203-7287 Evening Telephone: () _____