



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
January 22, 2014**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim
DATE: January 16, 2014

RECOMMENDATION:

Reject claim against the City by Weitzman, D Anne & Keith, #13-05, 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 claim against the City and order that the claimants be notified.

Attachment:
Claim #13-05

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
NOV 14 2013

CITY OF MARTINEZ
OFFICE OF THE CITY CLERK
CITY CLERK'S OFFICE

(13-05)
Addendum

1. Claimant's Name: (PRINT) D Anne Weitzman and Keith Weitzman
 Address: 613 Hidden Lakes Dr, Martinez, CA
 Day Phone: (925) 451-6193 Eve Phone: ()

2. When did the damage or injury occur?
 Month: 9 Day: 22 Year: 2012 Time: a.m./p.m. Police Report # N/A

3. At which location did the damage or injury occur? 613 Hidden Lakes Dr. sidewalk.

4. a. What happened and why is the City responsible? Plaintiff Penelope Williams tripped & fell due to height deviation on sidewalk outside Weitzman's property and sued D Anne and Keith Weitzman. Weitzman will cross complain against the City of Martinez as it happened on city sidewalk.
 b. Name and position of responsible City Employee(s), if known: /

5. What damage or injury occurred? Fractured hip.

6. Claim amount (only if less than \$10,000): _____
 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.
/

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 November 7, 2013, at Oakland 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) David Chen, Esq.
 Address: 505 14th St. Suite 400
 City, State, Zip: Oakland CA 94612
 Daytime Telephone: (510) 402-6918 Evening Telephone: (510) 457-3442