



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
March 5, 2014**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim
DATE: February 25, 2014

RECOMMENDATION:

Reject claim against the City by Carmelo Carone (AAA), #13-26, and order that the claimant be notified.

BACKGROUND:

Claims should be rejected, 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 claimant be notified.

Attachment:
Claim #13-26

APPROVED BY: 
Interim City Manager



Reserve for filing stamp

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

RECEIVED
2 20 13
CITY OF MARTINEZ
CITY CLERK'S OFFICE
(13-26)

1. Claimant's Name: (PRINT) CARMELO A CARONE
 Address: 120 SAINT MARIE CT MTZ
 Day Phone: (925) 360-6272 Eve Phone: (925) 222-7805

2. When did the damage or injury occur?
 Month: OCT Day: 27th Year: 2013 Time: a.m. (p.m.) 9:30 Police Report # 13-3092

3. At which location did the damage or injury occur?
230 GREEN ST (MTZ)

4. a. What happened and why is the City responsible? DURING WIND STORM A LARGE SECTION OF A EUCALYPTUS TREE FELL INTO THE BACKYARD OF OUR RENTAL PROP. AS SHOWN ON "1962 ROLL" ACCESSORS MAP BOOK 372 PAGE 11 (CONTRA COSTA CO.) THE TREE IS WITHIN THE CITY'S 40' RIGHT OF WAY (PANORAMIC DR)
 b. Name and position of responsible City Employee(s), if known:
N/A

5. What damage or injury occurred?
THE TREE BROKE THROUGH A SECTION OF FENCING, AND DAMAGED A PORTION OF A RETAINING WALL. IT ALSO HIT A HOLE IN A CORNER OF A STORAGE SHED. BEEN UNABLE TO ASSESS IF THERE IS FURTHER DAMAGE AT THIS TIME BECAUSE THE TREE (APPROX 70'-80') IS STILL IN THE YARD.

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.
UNABLE TO DETERMINE AT THIS TIME

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 30th, 2013, at _____ CA.
Carmelo A "Mel" Carone
 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) AAA INS
 Address: P.O. BOX 24523
 City, State, Zip: OAKLAND CA. 94623
 Daytime Telephone: (888) 900-6520 EX 123 Evening Telephone: () _____

JAY ←

AAA (888) 900-6520 Ex 1233627 JAY DEE GRANT