



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
September 3, 2014**

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

**RECOMMENDATION:**

Reject claims against the City by Susan Faunce, #14-11; and Christopher Terry, #14-06; 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 #14-11 and #14-06

**APPROVED BY:**

A handwritten signature in blue ink, appearing to read "John Stokel".

Interim City Manager



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

Reserve for filing stamp

**RECEIVED**  
 JUL 21 2014

CITY OF MARTINEZ  
 CITY CLERK'S OFFICE

(14-11)

<p>1. Claimant's Name: (PRINT) <u>Sue Fontaine</u>        Address: <u>1031 Sunrise Ridge Drive Lafayette</u>  <u>925 998-3203</u>        Day Phone: ( ) _____ Eve Phone: ( ) _____  <u>925 954-6638</u></p>	
<p>2. When did the damage or injury occur?        Month: <u>June</u> Day: <u>11</u> Year: <u>2014</u> Time: a.m./p.m. <u>11:30 a.m.</u> Police Report # <u>None</u></p>	
<p>3. At which location did the damage or injury occur?</p>	
<p>4. a. What happened and why is the City responsible? <u>Please see attached.</u></p> <hr/> <hr/> <p>b. Name and position of responsible City Employee(s), if known:</p> <hr/> <hr/>	
<p>5. What damage or injury occurred?  <u>Please see attached</u></p> <hr/> <hr/>	
<p>6. Claim amount (only if less than \$10,000): <u>\$532.91 + \$89.99 Total \$622.91</u>        If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction:  <input type="checkbox"/> Municipal Court (claims up to \$25,000) <input type="checkbox"/> Superior Court (claims over \$25,000)</p>	
<p>7. How did you arrive at the amount claimed? Please attach documentation.  <u>See attached</u></p> <hr/> <hr/>	
<p>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 <u>July 7</u>, 20<u>14</u> at <u>Lafayette</u> CA.  <u>Sue Fontaine</u>        _____        Signature of Claimant or Representative's Signature</p>	
<p>9. <b>Official Notices and Correspondence</b>        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: ( ) _____</p>	

RECEIVED  
JUL 11 2014

July 7, 2014

CITY OF MARTINEZ  
CITY CLERK'S OFFICE

Susan Faunce

1031 Sunrise Ridge Drive

Lafayette, CA 94549

City of Martinez

Richard G. Hernandez – City Clerk

525 Henrietta Street

Martinez, CA 94553

Dear Mr. Hernandez:

On June 11<sup>th</sup>, I visited Martinez to shop and dine. At approximately 11:30 am, I was driving east on Estudillo Street and crossed the four-way intersection of Estudillo and Masonic streets to drive into the parallel street parking in front of the Masonic building.

On Estudillo Street, at the southeast corner of Estudillo and Masonic streets, is a storm drain with a precipitous drop from the level of the street. The right, front tire of my vehicle dropped into this depression resulting in the rocker molding on the right side contacting the street and being dislodged and damaged. As evidenced by the included photos, there are no signs or street markings warning of this hazard. Further, this drop-off is not noticeable from the perspective of the driver's seat of a passenger car. My contention is that had this hazard been properly marked or identified the incident would not have occurred.

I have had the damaged molding repaired and the front end realigned. The invoicing for those repairs is included with this letter. I would sincerely appreciate the city reviewing and paying my claim in the amount of \$622.91 (see attached) for the work completed by Jim's Auto Body as well as the alignment performed by Firestone.

Thank you for your consideration,



Susan Faunce



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

Reserve for filing stamp

**RECEIVED**

MAY 7 2014

CITY OF MARTINEZ  
 CITY CLERK'S OFFICE

(14-06)

<p>1. Claimant's Name: (PRINT) <u>Christopher Atwood Terry</u>          Address: <u>1887 Sussex Ct. Concord 94521</u>          Day Phone: <u>(925) 566-4972</u> Eve Phone: ( )</p>	
<p>2. When did the damage or injury occur?          Month: <u>aug</u> Day: <u>15<sup>th</sup></u> Year: <u>2013</u> Time: a.m./p.m. <u>(p.m.)</u> Police Report # <u>MPD 13-3214</u></p>	
<p>3. At which location did the damage or injury occur?  <u>Ward # Court Street, Martinez</u></p>	
<p>4. a. What happened and why is the City responsible? <u>Car was stolen and I was not contacted. Stolen off of Court St and I was not notified that car had been found.</u></p> <p>b. Name and position of responsible City Employee(s), if known:  <u>Martinez Police Department</u></p>	
<p>5. What damage or injury occurred?  <u>car sold by Towing Company</u></p>	
<p>6. Claim amount (only if less than \$10,000): <u>\$5,000</u>          If the amount exceeds \$10,000, please check (X) the court of appropriate jurisdiction:  <input type="checkbox"/> Municipal Court (claims up to \$25,000) <input type="checkbox"/> Superior Court (claims over \$25,000)</p>	
<p>7. How did you arrive at the amount claimed? Please attach documentation.  <u>Blue book - 2009 Kia Optima</u></p>	
<p>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 <u>wednesday May 7</u>, 20<u>14</u>, at <u>Martinez</u> CA.  <u>Chris Terry</u>          Signature of Claimant or Representative's Signature</p>	
<p>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: ( )</p>	