



**CITY OF MARTINEZ**

**CITY COUNCIL AGENDA  
November 5, 2014**

**TO:** Mayor and City Council  
**FROM:** Mercy G. Cabral, Deputy City Clerk  
**SUBJECT:** Rejection of Claims  
**DATE:** October 21, 2014

**RECOMMENDATION:**

Reject claims against the City by Contra Costa County Risk Management (Jermel Thomas), #14-13; and Charles Coday, #14-19, and order that the claimants 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 the 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:  
Claims #14-13 and #14-19

**APPROVED BY:**

  
Interim City Manager



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

Reserve for filing stamp  
**RECEIVED**  
 AUG 01 2014

CITY OF MARTINEZ  
 CITY CLERK'S OFFICE

(14-3)

1. Claimant's Name: (PRINT) Contra Costa County Risk Management  
 Address: 2530 Arndd Drive, #140, Martinez CA 94553  
 Day Phone: ( ) 925-335-1412 Eve Phone: ( ) 925-335-1412

2. When did the damage or injury occur?  
 Month: 3 Day: 25 Year: 2014 Time: a.m./p.m. 9:30 Police Report # NIA

3. At which location did the damage or injury occur?  
Middle of the Street in front of 800 Ferry St, Martinez

4. a. What happened and why is the City responsible? Employee was walking back to work and tripped and fell from pot hole in middle of the Street. She reports her toe caught the edge of the pot hole. Street maintained by City was in disrepair which caused injury.  
 b. Name and position of responsible City Employee(s), if known:  
NIA

5. What damage or injury occurred? Employee injured her left foot and ankle from the trip and fall from the pot hole. Injury resulted in ongoing need for medical treatment.

6. Claim amount (only if less than \$10,000): \$749.88 + (Expenses are not finalized)  
 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.  
medical costs paid to date per attached payment listing.  
Please note costs are not finalized.

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 July 31, 2014, at Martinez CA.  
Sabellie Allen  
 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**  
SEP 25 2014

CITY OF MARTINEZ  
CITY CLERK OFFICE

(14-19)

1. Claimant's Name: (PRINT) Charles Coday  
 Address: 1121 Harbor View Dr, Martinez, CA 94553  
 Day Phone: (425) 228-3385 Eve Phone: ( )

2. When did the damage or injury occur?  
 Month: August Day: 31 Year: 2014 Time: a.m./p.m. 7:00 Police Report # 14-2591

3. At which location did the damage or injury occur? 1121 Harbor View Dr, Martinez, CA 94553

4. a. What happened and why is the City responsible? The police were pursuing a suspect that ran into Mr. Coday's garage. In the process of apprehending the suspect, damage was caused to Mr. Coday's vehicle.

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

5. What damage or injury occurred? Driver's side Rear door is dented and scratched.

6. Claim amount (only if less than \$10,000): \$1,219.83  
 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.  
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 September 22, 2014 at 8:05 am 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: P.O. Box 268994  
 City, State, Zip: Oklahoma City, OK 73126  
 Daytime Telephone: (302) 416-8728 Evening Telephone: ( )