



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
February 4, 2015**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim
DATE: January 28, 2015

RECOMMENDATION:

Reject claim against the City by Amir Saadi, #14-20; 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 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:
Claim #14-20

APPROVED BY:

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke extending to the right.

Interim City Manager



Reserve for filing stamp

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

RECEIVED
NOV 5 2014
CITY OF MARTINEZ
CITY CLERK'S OFFICE
(14-20)

1. Claimant's Name: (PRINT) AMIR SAADI
 Address: 440 VIRGINIA HILLS DR. MARTINEZ, CA 94553
 Day Phone: (925) 933-5033 Eve Phone: (925) 300-7379

2. When did the damage or injury occur?
 Month: 10 Day: 24 Year: 2014 Time: a.m./p.m. 4:22 P.M. Police Report # NONE

3. At which location did the damage or injury occur?
MARTINEZ MARINA PARKING

4. a. What happened and why is the City responsible?
DUE TO THE UNUSUAL HEIGHT OF THE CONCRETE CURB IN THE PARKING STALL

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

5. What damage or injury occurred?
BROKE THE ENTIRE FRONT BUMPER, INCLUDING OUTSIDE TEMPERATURE GAGE OF MY CAR.

6. Claim amount (only if less than \$10,000): \$3039.49 (ESTIMATE ATTACHED)
 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.
Estimation by Collision

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 11/5/14, 2014, at Martinez, CA.
Amir Saadi
 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

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