



CITY OF MARTINEZ

**CITY COUNCIL AGENDA
MARCH 4, 2015**

TO: Mayor and City Council
FROM: Mercy G. Cabral, Deputy City Clerk
SUBJECT: Rejection of Claim
DATE: February 23, 2015

RECOMMENDATION:

Reject claim against the City by Ronnie Ecker, Claim #14-15, 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 #14-15

APPROVED BY:


Acting City Manager

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

RECEIVED

AUG 15 2014

CITY OF MARTINEZ
CITY CLERK'S OFFICE

(14-15)

1. Claimant's Name: (PRINT) RONNIE ECKER
 Address: 5 WEST HARVARD CT, MARTINEZ
 Day Phone: (510) 232-7220 Eve Phone: (510) 409-0260

2. When did the damage or injury occur?
 Month: 7 Day: 20 Year: 2014 Time: a.m./p.m. 9:30 pm Police Report # —

3. At which location did the damage or injury occur?
TOP Pine Street EXIT GOING towards CARROL'S RESTAURANT

4. a. What happened and why is the City responsible? I HAVE ASK FOR THIS POT HOLE TO BE
FIX. IT IS WIDE AND HARD TO MISS.

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

5. What damage or injury occurred? BENT Rim & EXHAUST ON MY \$100,000 CAR

6. Claim amount (only if less than \$10,000): \$ 2500.00
 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.
WHEEL IS \$ 750.00 TIRE IS \$ 250.00 Tail pipe is custom \$ 1500.00

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 _____, 20____, at _____ CA.


 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: () _____